

Partnership Southwark Strategic Board

Agenda

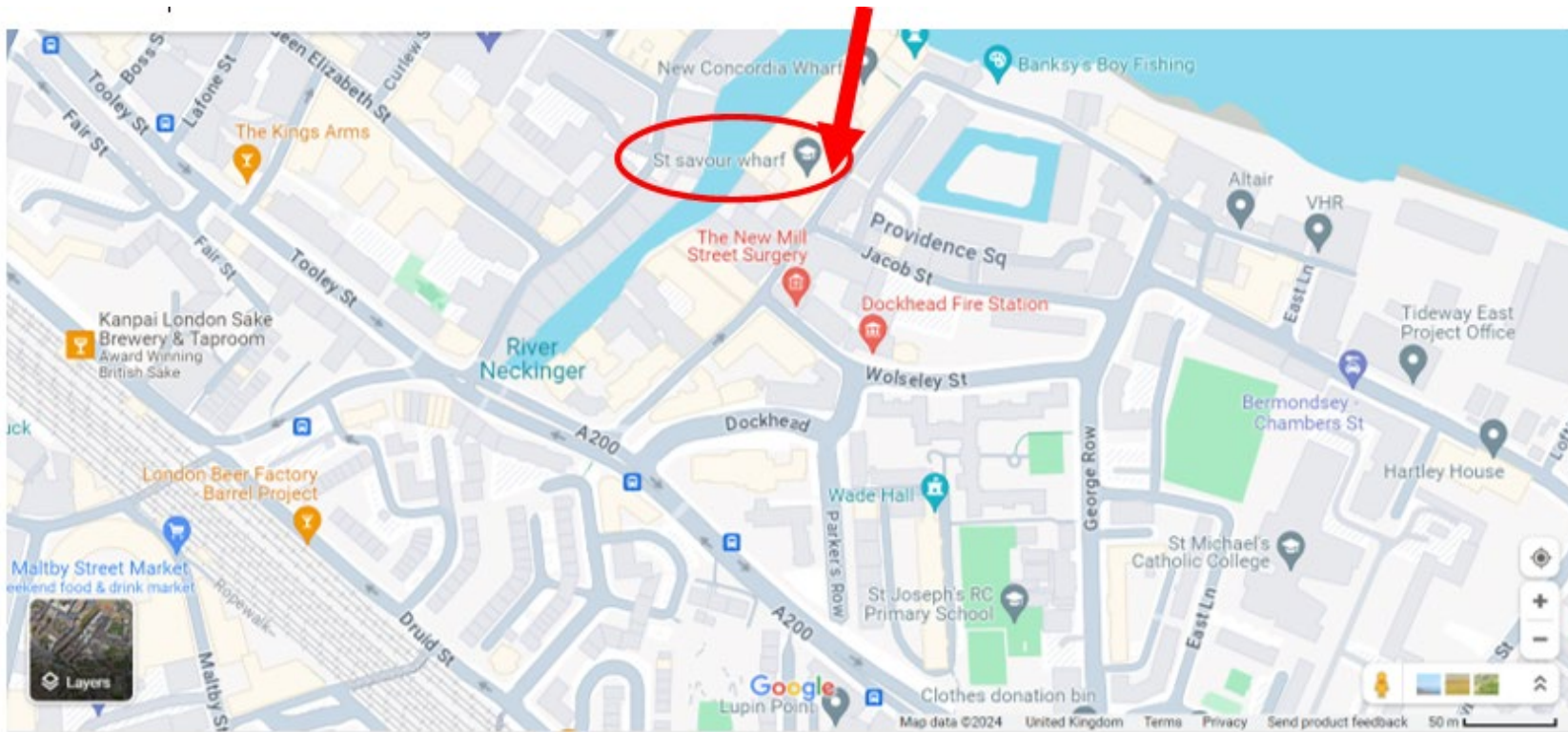
Thursday 11 July 2024 13:30 – 16:30

Venue: PPL Hub at St. Saviour's Wharf, SE1 2BE

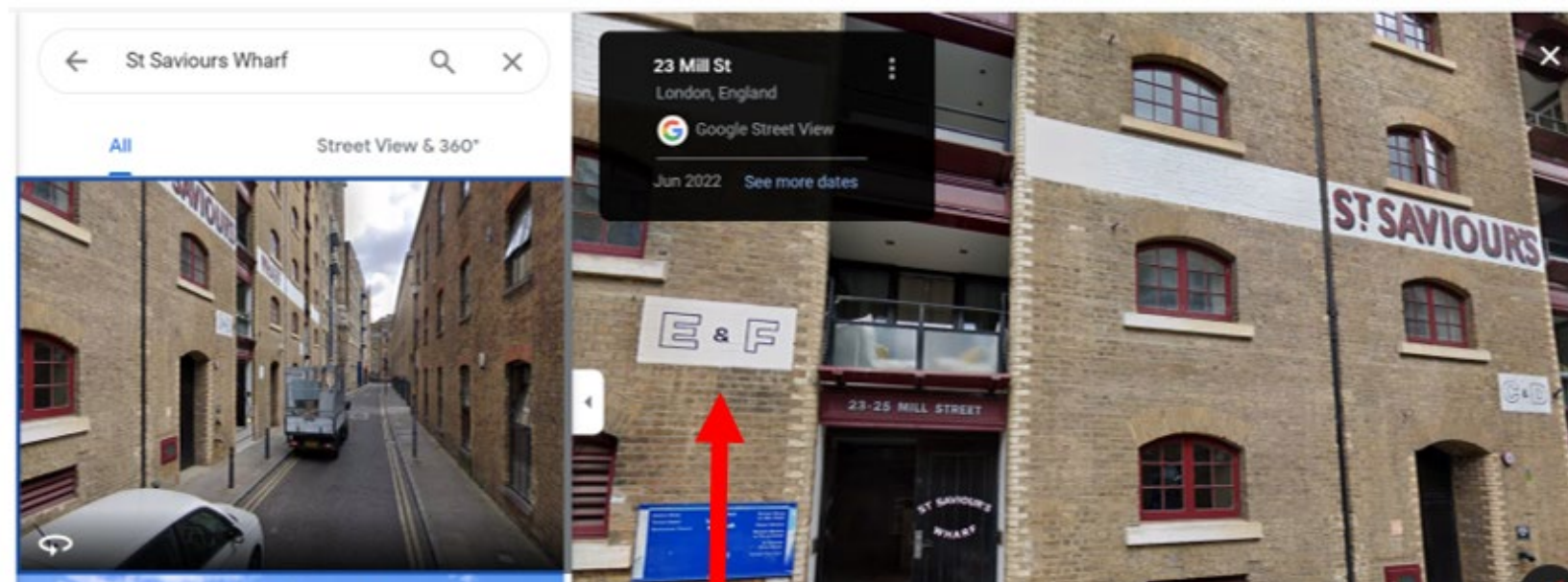
Chairs: Dr Nancy Küchemann & Cllr Evelyn Akoto

Time	Item	Lead
13:30-13:40	Welcome and Introductions Apologies Declarations of Interest Minutes of the last meeting Action Log	Chair Enc 1 – Declarations Enc 1i – Minutes Enc 1ii – Action Log
13:40-14:05	Community Spotlight – Groundwork London	Munaza Ali Presentation on the day
14:05-15:00	Health and Care Plan Update; Children & Young People Mental Health Deep Dive	Suzanne Green Claude Jouselin Anto Ingrassia Enc 2
15:00-15:10	Terms of Reference	Darren Summers Nancy Küchemann Enc 3
15:10-15:25	Break	
15:25-15:40	Strategic Director for Health & Care Report	Darren Summers Enc 4
15:40-15:50	Operose	Kate Kavanagh Enc 5 and see separate pack 5i for Due Diligence appendices
15:50-16:20	Sout East London Digital Inclusion	Michael Boyce Joanne Richardson Enc 6
16:20-16:25	Public Questions	Chair
16:25-16:30	Any Other Business	All
16:30	Close Meeting	Chair

Next held in-public meeting: 5 September 2024



PPL Hub
 St. Saviour's Wharf
 23 Mill Street
 London SE1 2BE
 Access through
building E-F





Declaration of Interests

Name of the meeting: Partnership Southwark Strategic Board

Meeting Date: 11/07/2024

Name	Position Held	Declaration of Interest
Amanda Coyle	Associate Director of Transformation	No interests to declare
Ami Kanabar	GP, Co-chair LMC	No interests to declare
Anood Al- Samerai	Director, Community Southwark	No interests to declare
Cedric Whilby	VCSE representative	<ol style="list-style-type: none"> 1. Producer of 'Talking Saves Lives' public information film on black men and cancer 2. Trustee for Community Southwark 3. Trustee for Pen People CIC 4. On Black Asian Minority Ethnic (BAME) panel that challenges the causes of health inequalities for the BAME community in Southwark
Cllr Evelyn Akoto	Partnership Southwark Co-Chair & Cabinet Member for Health & Wellbeing	No interests to declare
Emily Finch	Clinical Lead, South London & Maudsley	No interests to declare
Darren Summers	Strategic Director of Health & Care & Place Executive Lead	Wife is Deputy Director of Financial reporting at North East London ICB
David Quirke-Thornton	Strategic Director of Children's and Adult's Services	No interests to declare
Julie Lowe	Site Chief Executive for Denmark Hill	No interests to declare
Gavin McColl	PCN Clinical Director, South Southwark	<ol style="list-style-type: none"> 1. GP Partner Hurley Group: Holds a number of primary care contracts including urgent care contracts. Also runs the National Practitioner Health Service. As a partner of HG has a share allocation of Econsult Ltd 2. Trustee of Doctors in Distress: Works to prevent suicide of healthcare professionals 3. Trustee 'On Call Africa' Medical charity that works to address rural healthcare in Southern Zambia
Graham Head	Healthwatch	No interests to declare



Katy Porter	Independent Lay Member	<ol style="list-style-type: none"> 1. Trustee, & Vice Chair, Depaul UK which is a national charity, working in the homelessness sector, and it's head office is based in Southwark. The organisation holds a contract with Southwark. 2. CEO for The Loop Drug Checking Service. The Loop is a national charity developing services across the UK, including London. It operates in the substance use and health sector.
Nancy Küchemann	Co-Chair Partnership Southwark and Co Chair of Clinical and Care Professional Leads	<ol style="list-style-type: none"> 1. GP Partner at Villa Street Medical Centre. Practice is a member of SELDOC, the North Southwark GP Federation Quay Health Solutions and the North Southwark Primary Care Network. 2. Villa Street Medical Centre works with staff from Care Grow Live (CGL) to provide shared care clinics for people with drugs misuse, which is funded through the local enhanced service scheme. 3. Mrs Tilly Wright, Practice Manager at the practice and one of the Partners is a director of QHS. Mrs Wright is also the practice manager representative on the Local Medical Committee. 4. Mr Shaun Heath, Nurse Practitioner and Partner at the practice is a Senior lecturer at University of Greenwich. 5. Dr Joanna Cooper, GP and Partner at the practice is employed by Kings College Hospital as a GP with specialist interest in dermatology. 6. Husband Richard Leeming is councillor for Village Ward in south Southwark.
Nigel Smith	Director, IHL	No interests to declare
Olufemi Osonuga	PCN Clinical Director, North Southwark	<ol style="list-style-type: none"> 1. GP Partner Nexus Health Group Director Quay Health Solutions Director PCN, North Southwark
Rebecca Dallmeyer	Director, QHS	<ol style="list-style-type: none"> 1. Executive director of QHS CIC GP federation
Sangeeta Leahy	Director of Public Health	No interests to declare
Sumeeta Dhir	Co-Chair of Clinical and Care Professional Leads	No interests to declare
Winnie Baffoe	VCSE representative	<ol style="list-style-type: none"> 1. Director of Engagement and Influence at the South London Mission, which works closely with Impact on Urban Health. The South London Mission leases part of its building to Decima Street medical practice. 2. Board Member Community Southwark. 3. Married to the Executive Director of South London Mission 4. School Governor



PARTNERSHIP SOUTHWARK STRATEGIC BOARD – PART 1 MINUTES

Thursday 2 May 2024 at 13:30

Venue: via MS Teams

Chair: Dr Nancy Kuchemann

Attendees

MEMBERS	
Dr Nancy Kuchemann (NK)	Co-Chair, GP and Joint Chair of Clinical & Care Professional Leads
Winnie Baffoe (WB)	Director of Engagement & Influence, South London Mission, VCS
Martin Wilkinson (MW)	Acting Place Executive Lead, Partnership Southwark
Olufemi Osonuga (OO)	GP, Clinical Director North Southwark PCN
Anood Al-Sameria (AAS)	CEO, Community Southwark
Katy Porter (KP)	Independent Lay Member
Sangeeta Leahy (SL)	Director of Public Health, Southwark Council
Sumeeta Dhir (SD)	GP and Joint CCPL Chair
Rebecca Dallmeyer (RD)	Quay Health Solutions
Cedric Whilby (CW)	VCS Representative
Peace Ajiboye (PA)	Service Director, SLaM
Alice Jarvis (AJ)	Director of Operations and Partnerships, GSTT
ATTENDEES	
Amanda Coyle (AC)	Director, Partnership Southwark
Sabera Ebrahim (SE)	Associate Director of Finance, Southwark, SEL ICB
Graham Head (GH)	Healthwatch Southwark
Simon Beard (SB)	Associate Director of Corporate Operations, SEL ICB
Catherine Worsfold (CW)	Corporate Governance Lead, Southwark, SEL ICB
Darren Summers (DS)	Place Executive Lead, Southwark (Designate)
Katherine de Kretser (KdK)	Community Southwark
Julian Walker (JW)	Head of Communications, Southwark
APOLOGIES	
Julie Lowe (JL)	Site Chief Executive, Kings College Hospital NHS FT
David Quirke-Thornton (DQT)	Strategic Director of Children's and Adult's Services, Southwark Council
Nigel Smith (NS)	Director, IHL
Emily Finch (EF)	Clinical Lead, South London & Maudsley NHS Foundation Trust
CLlr Evelyn Akoto (EA)	Co-Chair, Cabinet Member of Health & Wellbeing

1.	Welcome & Introductions
1.1	The Chair welcomed attendees to the Partnership Southwark Strategic Board held online due to the London Mayoral elections also taking place.
1.2	Apologies were noted.



1.3	<p>Declarations of Interest</p> <p>The Chair noted inclusion of declarations within papers and asked if there were any conflicts to highlight with agenda items. No additional declarations were made.</p>
1.4	<p>Minutes of last meeting</p> <p>The minutes of the previous meeting were agreed with no amendments.</p>
1.5	<p>Action Log</p> <p>All actions were noted as closed with comments.</p>
2.	<p>VCSE funding and Health Inequalities Fund update</p>
2.1	<p>AC introduced the item, highlighting its context of ICB and LA investment in health inequalities particularly in relation to the Voluntary, Community and Social Enterprise (VCSE) sector.</p>
2.2	<p>AC identified the top four items for investment (being Thriving Communities 2023-24, Reach/LAN network grants, Social Prescribing grants for adults, and Social Prescribing grants for Children and Young People (CYP)) that went directly through to VCSE groups but noted additional funds were received through the local authority. AC presented details of the themes and principles, the 24/25 projects agreed and considered, and the new steps for the project.</p>
2.3	<p>KdK used the neighbourhood health grants as an example of how VCSE funding has benefited the population of Southwark, explaining that the pilot was designed based on what the VCSE had said, with focus groups used to develop thinking. The application process had been designed to be simple, with two questions for groups to answer, supported with light governance. It was worth noting that 76% of grants were received from ethnic minority-led groups.</p>
2.4	<p>Key findings from the project were:</p> <ol style="list-style-type: none"> 1. Knowledge and skills of the VCS had designed and developed an effective funding process, with clear outcomes and impact on service user lives from the work VCS organisations do. 2. Paying for engagement and working in true partnership ensured commitment and meaningful contribution from VCS. 3. The pilot had shifted the power balance and built trust, releasing VCS organisations to spend funds appropriately. 4. The pilot had offered good opportunities for networking and collaboration. 5. Groups valued making decisions and were positive about the decision-making process, although feedback on the first stage of decision making was overwhelmingly positive, with a more mixed response in second stage. 6. Groups need help writing funding applications and value feedback.
2.5	<p>Project costs were noted at £21k (of which £15k was funded), based on the Community Southwark consultancy rate, with Community Southwark spending 47 days on the pilot. A further £10,350 was incurred on VCS engagement to design and adapt process. It was also noted that there were some costs to VCSE organisations from making applications, but the benefits were numerous with more impactful and sustainable outcomes.</p>



KdK and AC were pleased to report that 2024/25 funding had been agreed, acknowledging that long term change required long term support.

2.6 AC provided a brief update on the 24/25 Health Inequalities Fund, outlining the ICB approach to allocating funding including guiding principles and the drive to take on board state of the sector funding principles. It was also noted that ICS investment had been made in VCS infrastructure funding, with AC highlighting the projects being invested in, and those being considered.

2.7 The floor was opened to questions:

- WB noted that the inequalities fund had been allocated to smaller charities but asked where medium size charities can seek support from as these often fell into a gap where they were not large enough to be able to mitigate funder risk but were too large to miss small charity offers. KdK acknowledged that some groups had missed the definition for this pilot, but noted Community Southwark were keen to share learning with all groups on the funding approach.
- MW commented on the equal importance of relationships as well as funding, promoting the need to build organisational not personal relationships as people can move on from roles.
- AAS recognised the comments from WB; funding issues are not just for smaller groups. The £5k funding pots available for VCSE groups in the pilot were not huge but had a massive impact for small groups although there was a significant investment in time spent on applications. PH felt it would be really helpful to look at data from the borough JSNA's to identify need which is why there was a focus on particular wards, working together with social prescribing. AAS also highlighted the potential for funds to flow from commissioning of VCSE services and advised that Community Southwark were looking at how commissioning can work better for VCSE organisations as well as grant funding.
- KP felt confident about the robust and valuable process for this year, but felt the challenge was that it was just for a year. Recurrent funding needed proper consideration and the Board needed to challenge themselves about what this could look like.
- CW thanked Public Health for supporting a number of VCSE groups in the borough and suggested the ICS VCSE charter should put some emphasis on this. In terms of the commissioning approach with VCSE, CW suggested there could be some work on structures to support contracts, looking at how to encourage consortiums of smaller VCSE organisations who do not have the size alone to start to look at access to larger contracts.
- AC confirmed conversations had already started with the local authority about linking funds, with some good opportunities identified. Working with AAS and other funders, there was the potential to use statutory funding as a lever to get matched funding from other routes. Community Southwark already convened a philanthropic group which had started to look at exciting ways to collaborate and bring together funds. This would also help to



2.7	drive transparency with residents about what is being spent in local neighbourhoods and to support them to understand what support is available to them.
	The members thanked the presenters for their update and NOTED the contents.
3.	Health and Care Plan Update
3.1	NK invited AC to present this item, reminding the group that the Plan had been signed off nearly a year ago, and the June development session of the LCP Board would look at future plans.
3.2	<p>AC presented the Q4 highlights for each priority area being:</p> <ul style="list-style-type: none"> • 1001 days had moved to business as usual, aligned with the family hubs programme. • A new social and emotional wellbeing commissioner had been introduced into the CYP mental health programme. • A new programme plan for Vital 5, with the current focus on hypertension. • Completion of the Community mental health transformation programme stock take. • The Frailty programme was moving forward. • Mobilisation of a lower leg wound care clinic with service expansion plans underway • Good progress for the Health Inequalities Fund. <p>In terms of risk, this was mainly related to resource availability in the context of a significant project to develop the CCPL group. Good joint working with partners had enabled some resource availability, but this was against a backdrop of limited 24/25 investment to develop transformation, and acute Trusts financial constraints.</p> <p>AC presented to the group future plans for each objective under the “Wells” programmes.</p>
3.3	The group discussed at length the use of data to inform future plans, recognising that as a partnership there was a lot of data available but that it was not made best use of. It was important to decide what were the best data sets to share to support achievement of the outcomes desired, and this would take time. GH reminded the group that a data usage committee was in place in SEL to review data sharing applications. NK confirmed SEL quality leads had met and discussed the need to focus on data within their set priorities due to the team having limited capacity. AC pointed to the lower leg wound care project as an excellent example of where shared data from EPIC enabled the project for the first time to understand the full cost of either not providing care as quickly as it could be delivered by reducing ED attendances, admittances and longer discharge times. OO felt it was also important to look at how the group assessed progress against objectives and how to develop awareness with those people impacted.
3.4	On the subject of risk, MW offered assurance to the board that the ICB was looking to mitigate the resourcing risk by moving people around to fill critical gaps.
3.5	



	The members NOTED the update report.
4.	PEL report
4.1	<p>MW presented the PEL report, highlighting:</p> <ul style="list-style-type: none"> • The inclusion of minutes from the primary care and delegated functions groups meeting within the appendices of the report. • The award presented to The Bridge Clinic for its accessible and inclusive healthcare. • Achievement of in-borough financial targets for the year. • Decisions to note on CCPL recruitment and the contractual renewal for the Tessa Jowell Practice.
4.2	<p>On the primary care and delegated functions group meeting reports, KP noted that a lot of issues focussed on in those groups were coming through in discussions at the LCP meeting, and therefore a summary of the group's discussions were helpful. The key theme was impact of change at the moment impacting ability to achieve ambitions.</p>
4.3	<p>The Board members discussed the process for current CCPL funded members to reapply for roles, with AAS particularly highlighting the representation of VCSE and CW citing the need to ensure the wealth of learning, understanding and connections and relationships between residents and VCSE board members was not lost. NK reminded the group that although individuals were being asked to reapply for roles the board membership/ attendance requirement for CCPL chairs and VCSE representatives would not necessarily change in terms of number and allocated roles. The process was happening across all six boroughs and in Southwark this was being led by AC with oversight by KP and MW. Panels would be populated by ICB teams. KP highlighted that a second review was ongoing regarding board effectiveness.</p>
4.4	<p>NK concluded the item by acknowledging that this would be MW's last report as acting Place Executive Lead, thanking him for this contribution to Partnership Southwark and wishing him good luck in his new role leading the South London Office for Specialised Services. The members looked forward to welcoming Darren Summers formally into the role of Place Executive Lead in June 2024.</p>
5.	Any Other Business
5.1	<p>NK reminded members that the LCP Board would be holding a development session in June.</p>
5.2	<p>The date of the next LCP Board meeting to be held in public was 4 July 2024 and it was hoped to use The Nest in Peckham as a venue.</p>

The meeting closed at 14.55 with the Chair thanking everyone for their time.

PARTNERSHIP SOUTHWARK STRATEGIC BOARD ACTION LOG				
No.	MEETING DATE	ACTION	STATUS	ACTION FOR / UPDATE
1	11/01/2024	Public questions (concern over increasing reliance on electronic methods to book appointments) - SA acknowledged the concern and had shared contact details to look at this further	Closed	SA held the conversation. This issue will be reviewed more widely as part of the SEL Digital Inclusion work, and will be added to the July PSSB agenda
2	11/01/2024	Public questions (delays in GPs receiving blood test results) - SA to obtain a timescale for resolution of the pathology EPIC (single patient record system) teething issue. 07/03/2024 update: there had been a lot of discussions and things had improved but it was acknowledged the system was not yet perfect. It was proposed that the provider be invited to respond directly. New action: Consider inviting Synnovis to further PSSB meeting to discuss	Closed	Synnovis contract is monitored elsewhere. SEL Digital Inclusion work added to July PSSB agenda.
3	07/03/2024	PEL report: Healthwatch to be copied into any communications being developed in relation to the national pharmacy plus programme	Closed	Communications and Pharmacy team agreed to include HealthWatch in Pharmacy First communications
4	07/03/2024	MW/EO/NK to consider the best approach to obtaining housing representation at the PSSB going forward.	Closed	This was discussed at May PSSB-part 2: Cllr Akoto highlighted that the focus of Partnership Southwark Strategic Board is on our local health and care system and that housing is not within this remit. She updated members that the Health & Wellbeing Board will now be focusing its efforts on the wider determinants of health such as poverty, climate and air quality, community safety and housing. She stated that she will inform Board members when the Health and Wellbeing Board will be discussing housing so that they can attend and contribute if they so wish. Membership will be reviewed more widely at part of the board review discussion scheduled at the June Board development session

Partnership Southwark Strategic Board

Cover Sheet

Item: 3
Enclosure: 2

Title:	Children and Young Peoples Mental Health
Meeting Date:	11 July 2024
Author:	Suzanne Green
Executive Lead:	TBC

Summary of main points

To provide an update on the delivery of Children and Young Peoples Mental Health Services, in particular the Health and Care Plan priority that fewer children and young people are affected by poor mental health.

Item presented for (place an X in relevant box)	Update	Discussion	Decision
	x		

Action requested of PSSB

1. To update the board on the delivery of the Health and Care Plan priority objectives for children and young peoples mental health.
2. To note the progress of the programmes
3. To seek feedback on the progress of partnership delivery

Anticipated follow up

Ongoing regular updates to the Startwell Leadership Group from the Children and Young Peoples Emotional Wellbeing and Mental Health Steering Group

Links to Partnership Southwark Health and Care Plan priorities

1001 Days	
Children and Young People's Mental Health	x
Vital 5	
Community Mental Health Transformation	
Frailty	
Lower Limb Wound Care	

Item Impact

Equality Impact	<p>In 2022 as a part of developing the priorities for children and young people's mental health services the ICS commissioned a shared response to reducing inequalities in children and young people's mental health across the system. A quality improvement informed co-design was taken to identify the opportunities and challenges and two priorities were chosen:</p> <ol style="list-style-type: none"> 1. The experiences and outcomes of black and mixed heritage children of parents with poor mental health and; 2. Black and mixed heritage children responding to trauma and distress.
------------------------	--

	Equality of access is regularly monitored as a part of contract monitoring. Improving equality of access is one of the key priorities of the Local Transformation Plan and targeted interventions have been implemented to address this.		
Quality Impact	The range of services delivering this programme of work are all delivered as part of commissioned contracts and have quality monitoring mechanisms as a part of this through the ICS or the local authority.		
Financial Impact	Services are currently delivered through the budget set although it should be noted that current capacity cannot meet demand.		
Medicines & Prescribing Impact	There is no additional impact on medicines and prescribing as a result of this report.		
Safeguarding Impact	<i>(How have the needs of vulnerable children, young people and adults been considered in relation to this item)</i>		
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
		All services are delivered on a locality model developing care close to home where possible and school based support is delivered in local schools enabling children and young people to access support within their locality. Appointments are offered face to face or telephone / online to reduce travel where appropriate.	
Describe the engagement has been carried out in relation to this item			
Each service carries out its own engagement with children, young people and parents / carers as a part of service development and the measurement of impact on outcomes of the particular intervention.			

Children and Young Peoples Mental Health

- Suzanne Green, Head of Startwell Integrated Commissioning
- Claude Jousselin, Deputy Service Director – Southwark CAMHS
- Anto Ingrassia, Lead clinician – Southwark CAMHS

Aim

- To update the Board on the partnership delivery of the Health and Care Plan objectives for children and young people's mental health
- To note the progress of the programmes
- To seek feedback on the progress of partnership delivery

Key aspects

- Working together
- Examples of integrated work
- Breadth and depth of care
- System level support



- Working together
- Examples of integrated work
- Breadth and depth of care
- System level support



Health and Care Plan – Startwell

Working together on shared priorities will produce better outcomes for Southwark communities throughout people's lives



Support Southwark residents to **Start Well**:

- Families receive the right care that works for them, including during pregnancy and the 1001 days of a child's life
- Children get the best start in life and can reach their full potential
- **Fewer children and young people are affected by poor mental health**



Support Southwark residents to **Live Well**:

- For adults to access the support they need around the Vital 5 areas to promote good health and wellbeing on an equitable footing
 - hyper-tension
 - mental health
 - smoking cessation
 - alcohol intake
 - healthy weight
- People have access to and positive experiences of health and care services that they trust and meet their needs holistically - with fewer adults affected by poor Mental Health (MH)



Support Southwark residents to **Age Well & Being Cared for Well**:

- Integrated health and care services support people to live fulfilling and independent lives, where carers are also supported
- **A coordinated and integrated Frailty pathway to maximise mobility and function, reduce crisis and avoidable and unnecessary hospital admission and support timely discharge from Acute care to community**
- A holistic model of practice for lower limb wound care

Key Enablers

Workforce - Quality - Data - Digital - Buildings - Finance - Sustainability - Medicines optimisation - Safeguarding - Communication & Engagement - Communities - Cllrs/Elected Officials - Leadership & Governance

Partnership & Integrated Working – Multi Agency Steering Group

Startwell Health
and Care Plan

Children and Young
People Mental
Health Local
Transformation Plan

Early Help
Transformation
and Family Hubs

Joint Health and
Wellbeing
Strategic

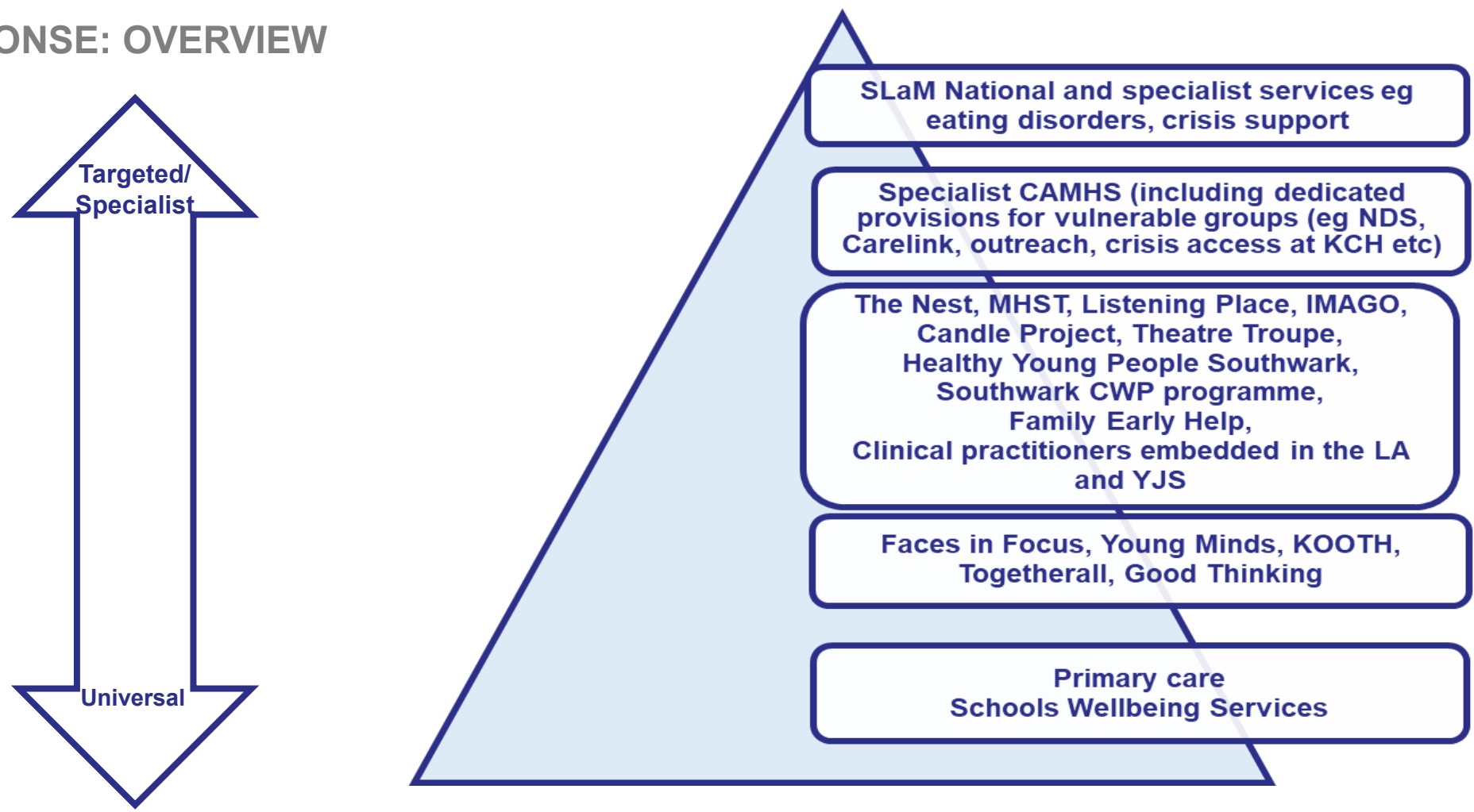
Joint Strategic
Needs Analysis
Priorities

- Working together
- Examples of integrated work
- Breadth and depth of care
- System level support



Southwark has many universal/open access and specialist/targeted services to support CYPs with mental health needs and their families (eg PMHT)

LOCAL RESPONSE: OVERVIEW



GPs = general practitioners; MHST = Mental Health Support Teams (in schools); NDS – neurodevelopmental service; KCH = King’s college hospital; PMHT = parental mental health team

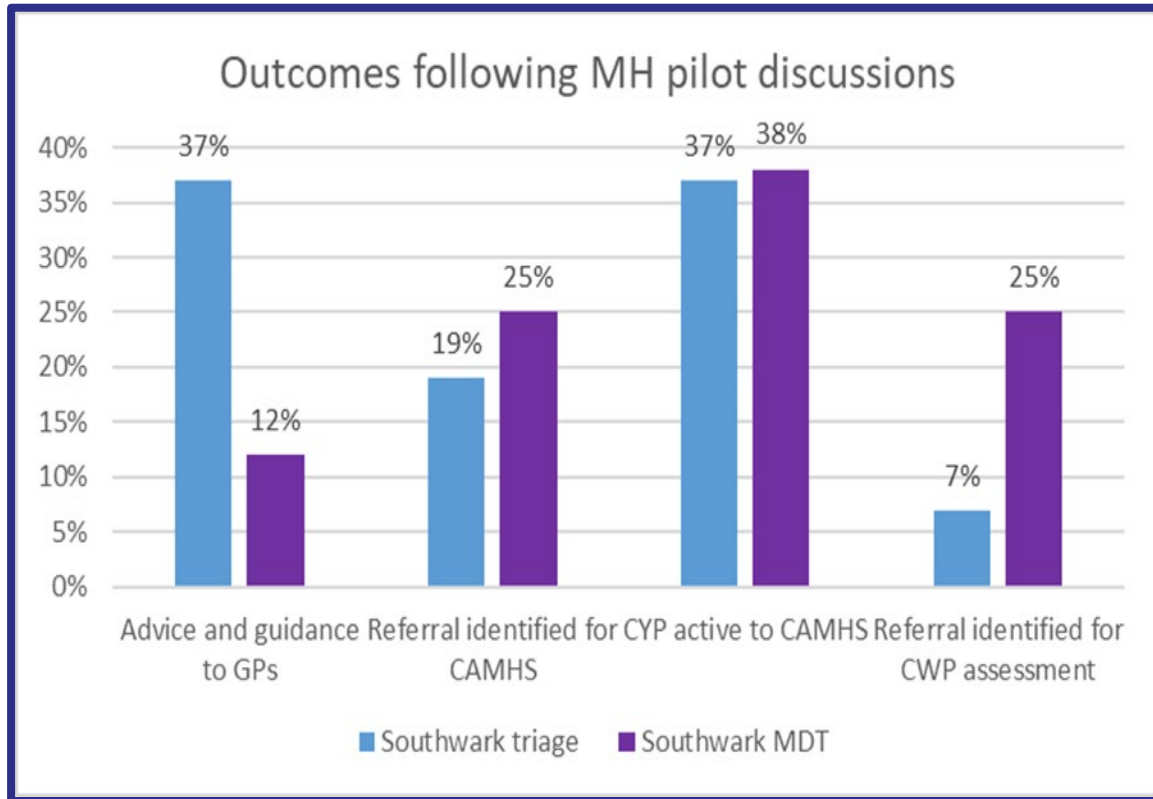
CYP Mental health dashboard

- An integrated dashboard, for the purpose of Section 75 reporting, with data from:
 - Southwark CAMHS
 - Southwark Council – clinical team
 - The Nest (Groundwork)
- Reporting on access, outcomes and experience of care
- It was assumed that it would be possible the dashboard will combine data from all of the above sources
- Building a common framework for reporting supported the building of common language – an achievement in itself!

Partnership projects include:

- Mental Health Support Teams in schools - 1:1 interventions, targeted and universal groups, parent/carer work, staff training, whole-school approaches and consultation
- Open Access Support – Youth work, person-centred counselling, well-being practices, and traditional talking therapies through one-on-one sessions, group activities
- School Engagement Team – raising awareness around mental health and wellbeing, help with transitions and supporting those at risk of exclusion
- Integrated Child Health Teams – dedicated, regular support to Child Health Teams from CAMHS staff
- Health Inequalities Fund – 10 projects to support children and young peoples mental health
- South East London ICS - mental health fund to support Black and Minority Ethnic & Latin American communities

Mental health input to child health teams



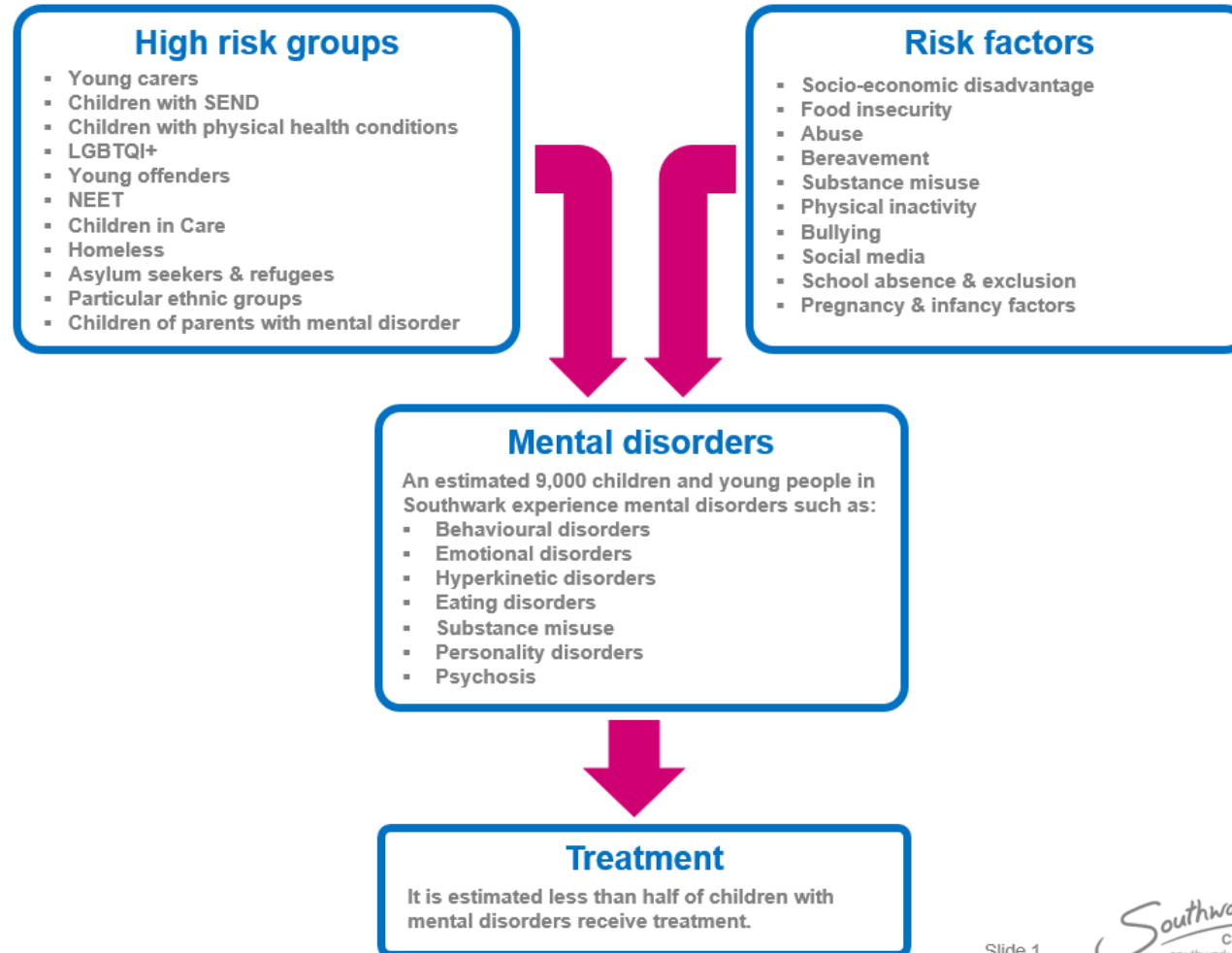
- A partnership between Evelina London, King's College Hospital, local GP Federations, and South London and Maudsley NHS Trust (SLaM).
- Funded from the Babies, Children & Young People Improvement Collaborative
- CWP supervisor regularly attended weekly triage meetings
- Consultant child psychiatrist attended monthly MDT meetings
- Pilot data (9 months of activity)
 - 63 CYPs discussed (25 in the monthly MDT and 38 in the weekly triage meetings)

CWP = children wellbeing practitioner programme
MDT = Multidisciplinary Team

- Working together
- Examples of integrated work
- Breadth and depth of care
- System level support



Children & Young People's Mental Health JSNA 2023



Slide 1



<https://www.southwark.gov.uk/assets/attach/225370/Children-and-Young-People-Mental-Health-JSNA-2023.pdf>



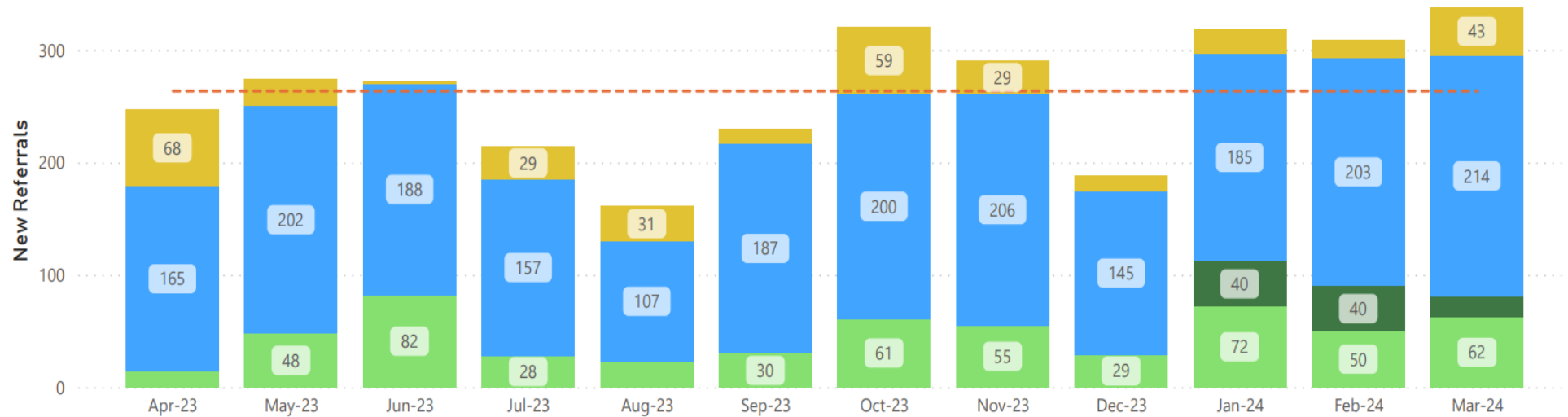
Press for Filters

264
Average Monthly Referrals
(past 12 months)

Access | New Referrals

2023-24 Q4

New Referrals and Average Referrals (past 12 months) by Month and Organisation



Organisation ● Groundwork ● Groundwork | MHST ● South London and Maudsley Foundation Trust ● Southwark Council ● Average Referrals (past 12 months)

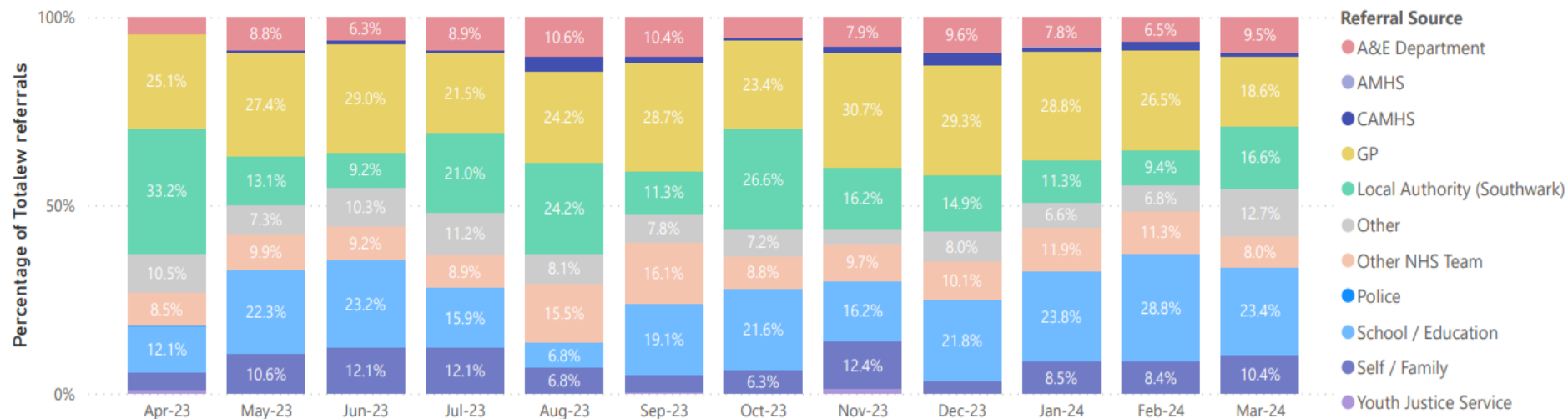
Reporting Year	2023-24													Total
Organisation	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total	
⊕ Groundwork	14	48	82	28	23	30	61	55	29	72	50	62	554	554
⊕ Groundwork MHST										40	40	19	99	99
⊕ South London and Maudsley Foundation Trust	165	202	188	157	107	187	200	206	145	185	203	214	2159	2159
⊕ Southwark Council	68	24	2	29	31	13	59	29	14	22	16	43	350	350
Total	247	274	272	214	161	230	320	290	188	319	309	338	3162	3162



Press for Filters

Access | New Referrals by Referral Source

2023-24 Q4



Reporting Year	2023-24													Total
Referral Source	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total	
A&E Department	11	24	17	19	17	24	17	23	18	25	20	32	247	247
AMHS	0	0	0	0	0	0	0	0	0	1	0	0	1	1
CAMHS	0	2	2	1	6	4	3	4	6	3	7	3	41	41
GP	62	75	79	46	39	66	75	89	55	92	82	63	823	823
Local Authority (Southwark)	82	36	25	45	39	26	85	47	28	36	29	56	534	534
Other	26	20	28	24	13	18	23	12	15	21	21	43	264	264
Other NHS Team	21	27	25	19	25	37	28	28	19	38	35	27	329	329
Police	1												1	1
School / Education	30	61	63	34	11	44	69	47	41	76	89	79	644	644
Self / Family	12	29	33	26	11	10	20	36	6	27	26	35	271	271
Youth Justice Service	2	0	0	0		1	0	4	0	0	0	0	7	7
Total	247	274	272	214	161	230	320	290	188	319	309	338	3162	3162

Access to CAMHS Services

Close to **3000** children and young people have received care from Southwark CAMHS services in the last 12 months

53% of all referrals (599) received a First Care Contact within 28 days over the last 3 months

Areas of need

- Increased demand nationally for specialist neurodevelopmental input/ ADHD assessments recognised as unprecedented (51% since 2020: BMJ data)
- National Shortage of ADHD medication affecting treatment options
- All referrals waiting more than 52 weeks in Southwark CAMHS are waiting to access the specialist neurodevelopmental service
- National Task Force Set up in 2024
- SEL ICB CYP ADHD Assessment & Treatment Pathway Review

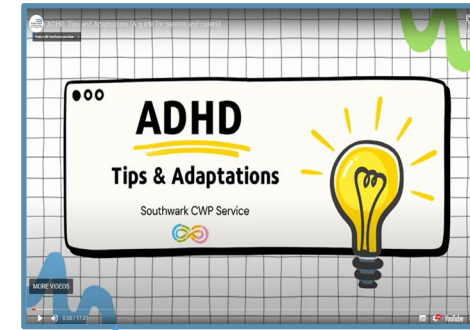
Areas of improvement

- Southwark CAMHS has developed a whole service approach to increase capacity for ADHD assessments
- Support “whilst you wait”
- Digital approaches to support assessments, outcome monitoring and feedback - **MyHealthE**
 - currently has over 8K active users
 - ~ 80% of all new CAMHS referrals are registered with it
 - able to provide tailored digital resources

Patients waiting 52 weeks for Neurodevelopmental Service					
	Jan-24	Feb-24	Mar-14	Apr-24	May-24
Southwark CAMHS	129	121	107	110	104

Support whilst waiting

- Keeping in Touch Programme: maintain contact with children, young people and families at regular points on the waiting lists
- Virtual waiting room: [myHealthe - South London and Maudsley \(slam.nhs.uk\)](https://myHealthe-South London and Maudsley (slam.nhs.uk))
- Psycho-educational workshops for families waiting – started with the Neurodevelopmental services
- Online webinars created by the Southwark CWP service – easily accessible on YouTube
<https://slam.nhs.uk/resources-cwp>



... and many more



A&E attendance

328 Patients assessed by Southwark CAMHS in Kings A&E in the last 12 months

Competing priorities: acute vs long term

MCCAED Eating Disorder Clinic

- What Is Working Well?

- Over last 12 months have reinstated most groups that had to be suspended during the pandemic e.g. Multi-Family Therapy
- Eating Disorder Unit admission rates continue to be low

- Challenges

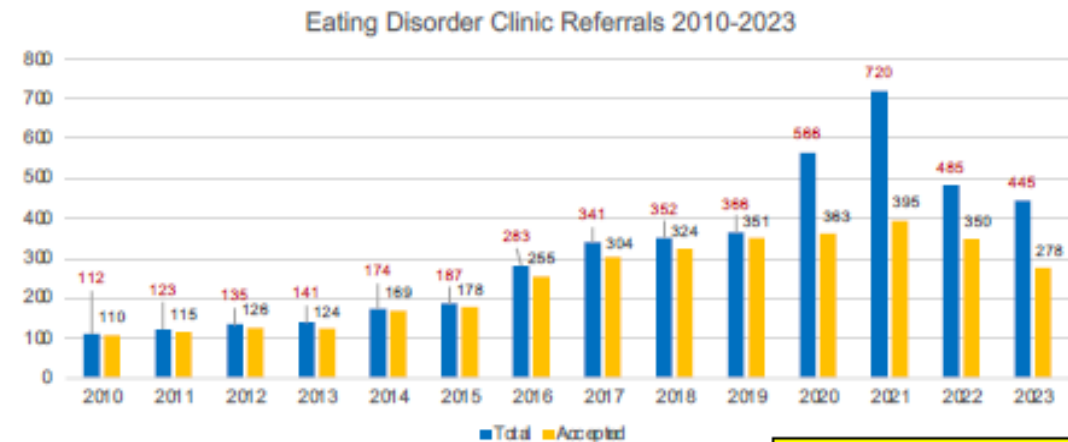
- As predicted, difficulties meeting access and waiting time standards over last 6 months due to staffing changes
- Current pathology outage

- Access and waiting time trajectory

- Focus on recovery for urgent referrals
- Urgent referrals : 100% achieved May 2024 and continuing to meet 95% target from then on
- Routine referrals : 37% achieved in May 2024 and aiming to meet 95% target by March 2025



MCCAED Eating Disorder Clinic Referrals 2010-23



- Covid pandemic began March 2020

Significant deterioration in AWTs during pandemic:

Urgent from 100% to 27%

Routine from 100% to 28%

Equity of Access

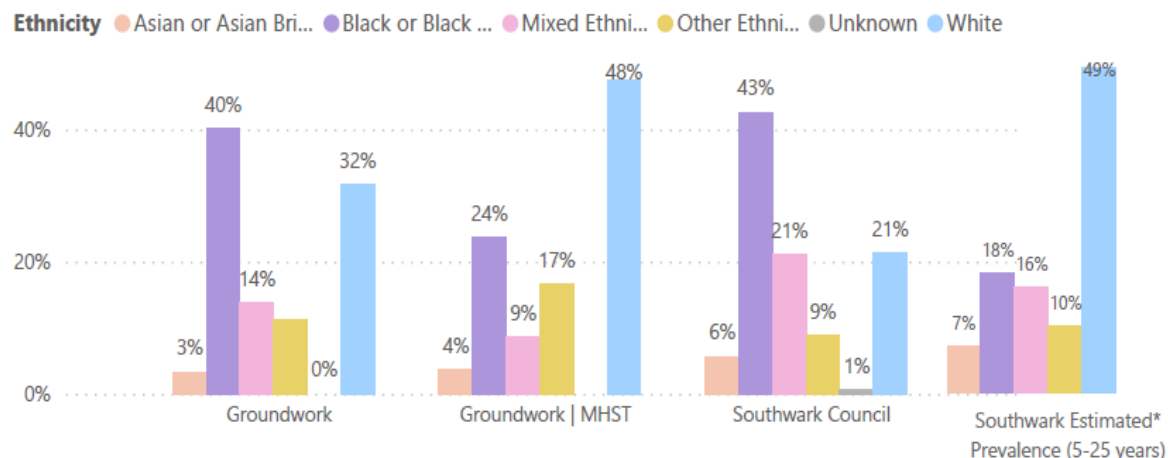
Equity of Access | Open Cases by Patient Ethnicity (with Prevalence Estimates*)

Filter: Reporting Quarter & Month

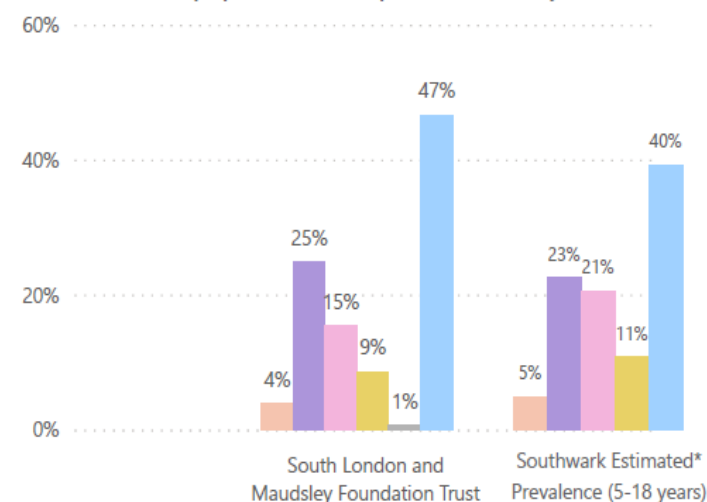
2023-24 Q4

2023-24 Q4

Groundwork & Southwark Clinical Services: Southwark CYP Open cases by Ethnicity with Southwark population Comparison (5-25 years)



SLaM: Southwark CYP - Open cases by Ethnicity with Southwark population Comparison (5-18 years)



*The prevalence data is estimated using the Mental Health of Children and Young People in England, 2021: Wave 2 follow up to the 2017 survey data (MHCYP 2021) for the prevalence by ethnic group and the 2021 Census data for the estimated population size of this age group.

Notes on the calculation:

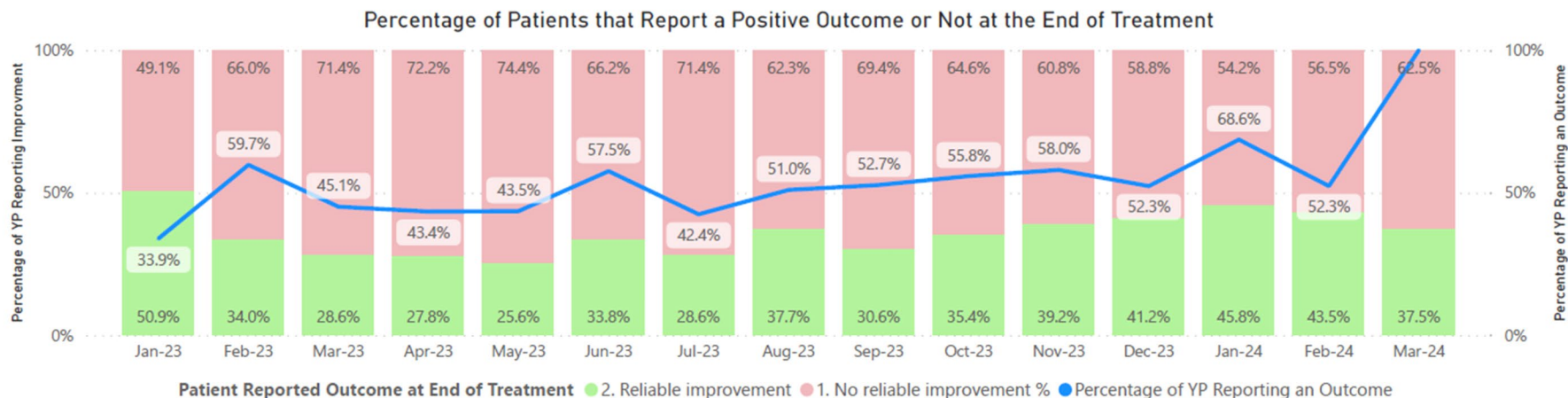
- The MHCYP 2021 data uses categories that do not fully align with those in this dashboard so some minor adjustments have been made.
- The prevalence estimates used are for CYP with probable disorders: White British 18.9%, White Other 17.3%, Black/ Black British 8.3%, Asian/ Asian British 8.4%, Mixed/ Other Ethnicity 22.5%. These are national rather than local figures and given the higher than average levels of deprivation in Southwark it is likely there would be higher levels of prevalence compared to the national average.
- The age range of the MHCYP 2021 data is 6-23 years old, I have used these prevalence estimates to project proportions of the Southwark population with probable disorders in the 5-25 and 5-18 years age groups based on population size estimates.



Press for Filters

Closed Cases | Positive Outcomes*

2023-24 Q4



Number of Eligible** Closed Cases

Reporting Year Organisation	2022-23				2023-24												Total
	Jan-23	Feb-23	Mar-23	Total	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
Groundwork	51	21	9	81	0	2	9				20	20	20	60	40	108	279
South London and Maudsley Foundation Trust	345	210	192	747	228	246	270	261	273	255	249	240	189	243	243		2697
Southwark Council	6	14	14	34	14	6	32	24	26	16	6	16	4	10	10	4	168
Total	402	245	215	862	242	254	311	285	299	271	275	276	213	313	293	112	3144

*see previous page for details

** For Southwark CAMHS eligible discharges are counted as a CYP discharged from CAMHS team within the period and with 2 or more attended contacts (face to face, telephone & video) in the episode duration Paired Routine Outcome Measures (PROM) are counted when there are 2 or more ROM recorded with the episode

8

Outcomes available only for SLAM

Calculate using Measurable change thresholds (NHSE)

“No reliable improvement includes no change as well as deterioration

- Working together
- Examples of integrated work
- Breadth and depth of care
- System level support

Collaboration with partners to improve CAMHS access

- CAMHS post with the Southwark Inclusive Learning services task force – easier access for excluded students
- CAMHS input to Child Health Teams
- Dedicated CAMHS post for Unaccompanied Asylum Seeker Children (based with Carelink):
 - Accessed by 21 young people in 23/24 to access a variety of interventions
 - Providing support to Foster Carers / Key Workers in residential settings
 - Promoted advocacy
 - Liaised with Community Services, including supporting health related referrals as required (e.g. Neurology)
- Trusted assessor pathway with local authority clinical practitioner service
- Southwark CAMHS Enhanced Intervention Service (CEIS) (based with the neurodevelopmental service), in partnership with the All Age Disabilities team, aiming to:
 - Prevent family breakdown, hospital admission or placement in residential care
 - Reduce challenging behaviour
 - Increase quality of life through application of PBS intervention framework

Developments for 24/25 (highlights)

- SEL ICB CYP ADHD Assessment & Treatment Pathway Review
- Estates planning for Southwark CAMHS services
- Working with NHSE on the request for Local CAMHS services to support the New Gender service. Likely to impact on overall demand increase and waiting times
- External evaluation of Nest and School Engagement Team
- Development of a Single Point of Access across providers (Southwark CAMHS already has a single point of entry for all referrals)
- Continued development of the interface between system partners

Further Information

CYP MH directory of services

- Developed by Evelina with colleagues from SLAM and partners:
https://bit.ly/cypmh_directory

Joint Strategic Needs Analysis

<https://www.southwark.gov.uk/health-and-wellbeing/public-health/southwark-health-data/our-health/start-well?chapter=8>



**South London
and Maudsley**
NHS Foundation Trust

South London and Maudsley
NHS Foundation Trust,
Trust Headquarters,
Maudsley Hospital,
Denmark Hill,
London SE5 8AZ

020 3228 2830
Fax: 020 3228 2021
Switchboard: 020 3228 6000

communications@slam.nhs.uk
www.slam.nhs.uk

Partnership Southwark Strategic Board

Cover Sheet

Item: 4
Enclosure: 3

Title:	Partnership Southwark Strategic Board Terms of Reference
Meeting Date:	11 July 2024
Author:	Amanda Coyle & Catherine Worsfold
Executive Lead:	Darren Summers

Summary of main points
As part of the actions following the board annual effectiveness review in February, the terms of reference have been reviewed and updated, including a detailed discussion at the Partnership Southwark Strategic Board development session held in June.

Item presented for (place an X in relevant box)	Update	Discussion	Decision
			X

Action requested of PSSB
The board are asked to agree the final draft of the Terms of Reference and recommend the document to the next Board meeting of South East London Integrated Care Board for approval.

Anticipated follow up
None, unless the board meeting of the South East London Integrated Care Board request changes.

Links to Partnership Southwark Health and Care Plan priorities	
1001 Days	X
Children and Young People’s Mental Health	X
Vital 5	X
Community Mental Health Transformation	X
Frailty	X
Lower Limb Wound Care	X

Item Impact	
Equality Impact	In order to maximise the impact on tackling inequalities and to ensure Southwark services are effective, are of high quality, are value for money, that prescribing is rational and ensuring residents are safeguarded, along with promoting environmental sustainability, all depends on the Board fulfilling its role and responsibilities.
Quality Impact	

Financial Impact	To deliver on the vision, aims and objectives for Partnership Southwark, it is important that the Board has clear Terms of Reference.		
Medicines & Prescribing Impact			
Safeguarding Impact			
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
		x	

Describe the engagement has been carried out in relation to this item

Partnership Southwark Strategic Board members have been engaged as part of the annual board effectiveness review and directly by email.

The terms of reference have been discussed in detail at the Partnership Southwark Strategic Board development session in June.

NHS South East London Integrated Care Board

Southwark Local Care Partnership Committee: Partnership Southwark Strategic Board

Terms of Reference

June 2024

1. Introduction

- 1.1. The NHS South East London Integrated Care Board (ICB) Local Care Partnership committee [the “board”, locally known as Partnership Southwark Strategic Board] is established as a committee of the ICB and its executive powers are those specifically delegated in these terms of reference. These terms of reference can only be amended by the ICB Board.
- 1.2. These terms of reference set out the role, responsibilities, membership and reporting arrangements of the board, under its terms of delegation from the ICB Board.
- 1.3. All members of staff and members of the ICB are directed to co-operate with any requests made by Partnership Southwark Strategic Board.

2. Purpose

- 2.1. ‘Partnership Southwark’ seeks to ensure that partners can design, plan, deliver and evaluate their work together to improve health and care services and outcomes for residents. The partner organisations represented through the core members of the Partnership Southwark Strategic Board may opt to bring their formal delegations to the decisions of the Board. Southwark Council will act through the delegated authority of Cabinet and Executive Leads.
- 2.2. The board is responsible for the effective discharge and delivery of the place-based functions¹. The board is responsible for ensuring:
 - a. The place contribution to the ICB’s agreed overall planning processes including the effective planning and delivery of place based services to meet the needs of the local population, with a specific focus on community based care and integration across primary care, community services and social care, and including mental health, managing the place delegated budget, taking action to meet agreed performance, quality and health outcomes, ensuring proactive and effective communication and engagement with local communities and developing the Local

¹ As defined by the South East London Integrated Care Board in the relevant delegation agreement

Care Partnership to ensure it is able to collaborate and deliver effectively, within the partnership and in its interactions with the wider ICS.

- b. The Local Care Partnership can secure the delivery of the ICS's strategic and operational plan as it pertains to place, and the core objectives established by the LCP for their population and delegated responsibilities.
- c. The Local Care Partnership plays a full role in securing at place the four key national objectives of an ICS, aligned to ICB-wide objectives and commitments as appropriate:
 - i. improve outcomes in population health and healthcare
 - ii. tackle inequalities in outcomes, experience and access
 - iii. enhance productivity and value for money
 - iv. help the NHS support broader social and economic development
- d. The representation and participation of the Local Care Partnership in the wider work of the ICS and Integrated Care Board, contributing to the wider objectives and work of the ICS as part of the overall ICS leadership community.

3. Duties

- 3.1. **Place-based leadership and development:** Responsibility for the overall leadership and development of the Local Care Partnership to ensure it can operate effectively and with maturity, work as a collective and collaborative partnership and secure its delegated responsibilities with appropriate governance and processes, development and relationship building activities and meaningful local community and resident engagement. The LCP also needs to support the Place Executive Lead to ensure they are able to represent LCP views effectively whilst also considering the needs of the wider ICS.
- 3.2. **Planning:** Responsibility for ensuring an effective place contribution to ICP/B wide strategic and operational planning processes. Ensuring that the Local Care Partnership develops and secures a place based strategic and operational plan to secure agreed outcomes and which is aligned with the Health and Wellbeing strategic plan and underpinned by the Joint Strategic Needs Assessment (JSNA) and a Section 75 agreement. The LCP must ensure the agreed plan is driven by the needs of the local population, uses evidence and feedback from communities and professionals, takes account of national, regional and system level planning requirements and outcomes, and is reflective of and can demonstrate the full engagement and endorsement of the full Local Care Partnership.
- 3.3. **Delivery:** Responsibility for ensuring the translation of agreed system and place objectives into tangible delivery and implementation plans for the Local Care Partnership. The LCP will ensure the plans are locally responsive, deliver value for money, support equity of access, outcomes and experience and support quality improvement. The LCP will develop a clear and agreed implementation path, with the

resource required whilst ensuring the financial consequences are within the budget of the LCP and made available to enable delivery.

- 3.4. **Monitoring and management of delivery:** Responsible for ensuring robust but proportionate mechanisms are in place to support the effective monitoring of delivery, performance and outcomes against plans, evaluation and learning and the identification and implementation of remedial action and risk management where this is required. This should include robust expenditure and action tracking, ensure reporting into the ICB as required, and ensure local or system discussions are held proactively and transparently to agree actions and secure improvement where necessary.
- 3.5. **Governance:** Responsible for ensuring good governance is demonstrably secured within and across the local Care Partnership's functions and activities as part of a systematic accountable organisation that adheres to the ICB's statutory responsibilities and adheres to high standards of public service, accountability and probity (aligned to ICB governance and other requirements). Responsibility for ensuring the LCP complies with all legal requirements, that risks are proactively identified, escalated and managed.

4. Accountabilities, authority and delegation

- 4.1. Partnership Southwark Strategic Board is accountable to the Integrated Care Board of the SEL Integrated Care System. The board will be the prime committee for discussion and agreement for its agreed specific local delegated funding and functions and will work as part of South East London ICS.
- 4.2. The LCP Committee will provide regular updates to the Health and Wellbeing Board via the Place Executive Lead and Co-Chairs ensuring the alignment of work
- 4.3. The partner organisations represented through the core members of the Partnership Southwark Strategic Board may opt to bring their formal delegations to the decisions of the Board. Southwark Council will act through the delegated authority of Cabinet and Executive Leads.
- 4.4. The Place Executive Lead has directly delegated powers from the ICB, including responsibility to take due account of statutory responsibilities in respect of safeguarding and equalities, diversity and inclusion, whilst working with other partners.
- 4.5. The Place Executive Lead will have responsibility for the management of delegated local NHS budgets and will be held accountable for ensuring budgets are delivered on plan.
- 4.6. Through the Place Executive Lead/Strategic Director of Integrated Health and Care (and respective ICB and Council governance processes), this board will have delegated responsibility for the commissioning of local services including:
 - Primary care commissioning
 - Community services commissioning
 - Client group commissioning
 - Medicines Optimisation related to community based care
 - Continuing Healthcare

In addition, the council will present to the board the commissioning of services which are joint funded by the ICB and the council, where the council is the lead commissioner:

- Integrated Community Equipment Service
- Mental Health Supported Housing

5. Membership and attendance

5.1. Core voting members of the board will include representatives of the following:

- 2 x Co-chairs (1 appointed, 1 Council-nominated Cabinet Member)
- 1 x Local Care Partnership Place Executive Lead
- 1 x Local Authority Director Adult Social Care
- 1 x Local Authority Children's Social Care
- 1 x Local Authority Director of Public Health
- 2 x Primary Care Network Leads (North & South) – Clinical Directors
- 1 x Community Services Provider (GSTT)
- 1 x Mental Health Services Provider (SLaM)
- 1 x Acute Services Provider (KCH)
- 1 x Care Provider lead
- 1 x VCS Lead
- 3 x VCSE Sector Representatives (with two votes between them)
- 1 x Healthwatch Lead

5.2. The following postholders will be invited to join the board in attendance, and will not be voting members:

- 1 x Local Care Partnership Director of Partnership and Sustainability
- 1 x Director of Commissioning
- 1 x Associate Director of Finance ICB
- 1 x Associate Director of Finance Local Authority
- 1 x Local Medical Committee Representative (rotating)
- 1 x GP Federation Representative (rotating)
- 1 x Lay Member
- 1 x CCPL forum chair

6. Chair of meeting

- 6.1. The meeting will be chaired by two co-chairs (an appointed clinical chair and a Council-nominated Cabinet Member chair covering health and well-being).
- 6.2. At any meeting of the board the Co-Chairs shall preside.
- 6.3. If the presiding Co-Chairs are temporarily absent on the grounds of conflict of interest, then a person chosen by the board members shall preside.

7. Quorum and conflict of interest

- 7.1. The quorum of the board is that the following must be present:
 - 1 x Local Care Partnership Place Executive Lead
 - 1 x Local Authority Director Adult Social Care or Director Children's Social Care
 - 1 x Local Authority Director of Public Health
 - 1 x Primary Care Representative
 - 1 x Community Services Provider
 - 1 x Mental Health Services Provider
 - 1 x Acute Services Provider
 - 1 x VCS Lead or VCSE Sector Representative or Healthwatch Lead
- 7.2. In the event of quorum not being achieved, matters deemed by the Chair to be "urgent" can be considered outside of the meeting via email communication.
- 7.3. The board will operate with reference to NHS England guidance and national policy requirements and will abide by the ICB's standards of business conduct. Compliance will be overseen by the chair.
- 7.4. The board agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles).
- 7.5. Members will be required to declare any interests they may have in accordance with the ICB's Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

8. Decision-making

- 8.1. The aim of the board will be to achieve consensus decision-making wherever possible. If a vote is required, the core members are the voting members of the Local Care Partnership. Each core voting member has one vote.
- 8.2. Core voting members are expected to have a designated deputy who will attend the formal Local Care Partnership with delegated authority as and when necessary.

9. Frequency

- 9.1. The board will meet six times per year (in public) with ability to have a private session as Part 2 in addition to this.
- 9.2. All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.
- 9.3. Members are responsible for identifying a suitable deputy should they be unable to attend a meeting. Arrangements for deputies' attendance should be notified in advance to the board Chair and meeting secretariat.
- 9.4. Nominated deputies will count towards the meeting quorum as per the protocol specified in the ICS constitution, which means individuals formally acting-up into the post listed in the membership shall count towards quoracy and deputies not formally acting-up shall not.

10. Reporting

- 10.1. Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.
- 10.2. The board will report on its activities to ICB Board. In addition, an accompanying report will summarise key points of discussion; items recommended for decisions; the key assurance and improvement activities undertaken or coordinated by the board; and any actions agreed to be implemented.
- 10.3. The minutes of in public meetings shall be formally recorded and reported to the NHS ICB Board and made publicly available.

11. Board support

- 11.1. The LCP will provide business support to the board. The meeting secretariat will ensure that draft minutes are shared with the Chair for approval within three working days of the meeting. Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within five working days of the meeting.

12. Review of Arrangements

- 12.1. The board shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the board considers this appropriate or necessary.

DRAFT



STRATEGIC DIRECTOR OF HEALTH & CARE AND SOUTHWARK/PLACE EXECUTIVE LEAD REPORT

This report is for discussion and noting; to update the Board on key highlights on Partnership Southwark and the delegated functions.

I started Strategic Director for Integrated Health and Care/Place Executive Lead on 3rd June. Over the first four weeks I have been struck by the positivity and energy of colleagues to work collaboratively as partners, and ensure that our work is focussed so that we are able to make a tangible difference to Southwark residents and patients.

I have attended a number of key meetings and groups over the past weeks, including:

- Southwark Council Cabinet
- London Borough of Southwark Corporate Management Team
- London Borough of Southwark Directors Forum
- London Borough of Southwark Corporate Change Board
- South East London Integrated Care Board executive committee
- South East London Integrated Care Board Board Operational Meeting
- South East London Integrated Care Board Planning and Finance Committee
- Partnership Southwark Strategic Board Development Session
- Partnership Southwark Delivery Executive
- Southwark Primary Care Collaborative Group
- Southwark Safeguarding Children's Partnership Executive
- Southwark Safeguarding Adults Board
- Community Mental Health Transformation Delivery Group
- Southwark Anchor Leaders Board
- London Borough of Southwark People Powered Staff Awards

I have had a range of introductory meetings with colleagues in the London Borough of Southwark, South East London Integrated Care Board, including my counterparts in other boroughs, Community Southwark, GP Federations, Guys and St Thomas Trust, and Kings University Hospital. I am planning to meet colleagues from the full range of partner and stakeholder organisations over the coming months.



Southwark 2030

On 12th July the Southwark Anchor Leaders Board met to discuss and agree Southwark 2030 and how the anchor partnership is developed over the coming months. This Board included representatives from Kings College London, South Bank University, Vodafone, Tate Modern, London Fire Brigade, Community Southwark, South East London Integrated Care Board, Peabody Group, London College of Communication, Metropolitan Police and Southwark Council.

Southwark 2030 includes six goals:

- Decent homes for all
- A good start in life
- A safer Southwark
- A strong and fair economy
- Staying well
- A healthy environment

The Southwark 2030 strategy will go to the Council's Cabinet in July, and all partners are being asked to take it through our boards to endorse over the summer between now and September. We plan to bring this to September's Partnership Southwark Board.

Synnovis

On 3 June, Synnovis, a pathology laboratory which processes blood tests on behalf of a number of NHS organisations, primarily in South East London, was the victim of a cyber-attack. Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust and South London and Maudsley NHS Foundation Trust remain in a critical incident, while Oxleas NHS Foundation Trust, Lewisham and Greenwich NHS Trust, Bromley Healthcare, and primary care services in South East London continue to be impacted and involved in the incident.

NHS England is working with Synnovis and the National Crime Agency to respond to this criminal ransomware attack on Synnovis systems. Synnovis has confirmed that data published by a cybercrime group has been stolen from some of their systems and are working at pace to carry out analysis to understand the full scale and nature of the data released and patients impacted. We understand that colleagues may be concerned by this, especially those of us who live in south east London. As more detail becomes available, the NHS will continue to provide updates [here](#) and on a page of frequently asked questions [here](#). There is also a helpline for people to call if they are concerned about their data: 0345 8778967.

Mutual aid arrangements to meet urgent demand from general practice and community services have been introduced at pace in all six of our boroughs and are already hugely helpful. Pathology services are currently able to operate at 45% of the capacity we had before the cyber attack, and we anticipate that this figure will rise as the mutual aid arrangements bed in and develop further.



Patients should continue to attend their appointments unless they have been told otherwise and should access urgent care as they usually would.

Southwark Safer Surgeries

It is now a year since Southwark became the first borough in south east London to have 100% of GP practices signed up to the 'Safer Surgeries' network, run by Doctors of the World.

A 'Safe Surgery' is any GP practice which commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare. At a minimum, this means declaring the practice a 'Safe Surgery' for everyone and ensuring that lack of ID or proof of address, immigration status or language are not a barrier to patient registration.

South London Listens research found that for many people in south London, the Covid-19 pandemic brought on new mental health challenges – or made existing challenges worse. The need to improve access to support and appropriate services has therefore never been greater.

The increased need is particularly felt by those who already experience disadvantage in society, particularly Black, African, Caribbean and mixed heritage communities, and migrants, refugees, and diaspora groups. Community leaders from migrant, refugee and diaspora communities highlight specific issues blocking access including language and cultural barriers, lack of trust in the NHS, complicated forms, not understanding the system and fear of personal data being shared beyond the service.

However, we are not complacent and therefore continue to work with primary care colleagues to ensure that access for this, often vulnerable, group of patients continues to meet the standards required to maintain the status of a 'safer surgery'.

Better Care Fund (BCF) Plan 2023 to 2025: update on the 2024/25 refresh

The BCF is a pooled budget agreed between the ICB and the local authority for the provision of integrated community based health and care services. The budget is £58.8m in 2024/25, which provides funding for a wide range of core services. The BCF plan describes the Southwark approach to delivering the twin BCF goals to:

- **Enable people to stay well, safe and independent at home for longer** (with a focus on hospital and care home admissions avoidance)
- **Provide the right care in the right place at the right time** (with a focus safe and timely transfers of care from hospital, and discharge to assess)

The current BCF Plan was agreed by the Health and Wellbeing Board in August 2023 and subsequently approved by NHSE. Although a 2 year plan, an update of the 2024/25 section is required in line with latest NHSE planning guidance. Provisional refresh plans were agreed between the council and the ICB and submitted to NHSE on 10th June.



A key aspects of the 2024/25 refresh was to finalise the allocation of the Additional Discharge Fund element of the BCF, which increased by £3.0m to £7.1m. Funding decisions were based on a shared understanding of key pressures and capacity gaps in the system that impact on discharge, taking into account the effectiveness of schemes funded during 2023/24. Key areas of growth include additional funding for:

- care home capacity
- care home charter supporting recruitment and retention
- double handed care at home
- Transfers of Care Assessment Team
- extra care and step down flats
- reablement
- homeless discharge services
- complex high needs discharge packages
- community equipment services
- a joint care home liaison team to support smooth transfers from hospitals to care homes

The plan also includes revised demand and capacity projections and targets for key metrics, both of which will be revisited later in the year when data reporting is optimised.

The plan is subject to agreement by the Health and Wellbeing Board at its meeting on 18th July and, following that, NHSE from the end of July. The year-end BCF return for 2023/24 will also be considered at this meeting.

Finance Update

Southwark Place has a delegated budget of £325m for 2024/25. £170m is managed by Southwark place and NHS Contracts for Mental Health (£98m) and Physical Health (£57m) whilst delegated are managed by South East London Commissioning team on a South East London wide basis. Places are required by their delegated budget agreement to break even. The table below shows the reported position as at the end of May 2024. The borough is reporting an underspend of £30k in month 2 and a forecast breakeven position for the year. Key area of risk continues to be mental health with underspends in continuing care and corporate budgets absorbing some of the overspends. Corporate budgets are underspent due to vacancies as a result of management cost reduction process.



	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	14	14	0	82	82	0
Community Health Services	5,734	5,734	(0)	34,404	34,209	195
Mental Health Services	1,684	1,807	(123)	10,103	10,738	(634)
Continuing Care Services	3,293	3,227	66	19,760	19,321	440
Prescribing	5,852	5,852	-	35,112	35,112	-
Prescribing Reserves	-	-	-	-	-	-
Other Primary Care Services	37	37	-	219	219	-
Other Programme Services	176	176	0	1,057	1,057	(0)
Programme Wide Projects	42	42	0	250	250	-
Delegated Primary Care Services	10,183	10,183	-	66,267	66,267	-
Corporate Budgets	517	430	87	2,962	2,962	-
Total	27,531	27,501	30	170,217	170,217	0

Due to the usual two months arrears in receiving data from Prescription Pricing Authority, the South East London Integrated Care Board does not have any activity/cost information upon which to report expenditure at this stage of the year. A break-even position is therefore being reported.

We are reporting a forecast overspend of £634k in mental health as at month 2. Increase in costs in ADHD assessments and unfunded costs pressures in mental health placements are the key reason for the overspend in Mental Health. Mental health providers are also seeking significantly higher uplifts than the 0.6% included in our budgets.

Borough has an efficiency target of 4% which on applicable budgets amounts to £3.3m. A savings plan of £3.7m has been identified. Within this figure prescribing savings total £1.1m and are phased to deliver after quarter 1. As at month 2 the borough is reporting actual savings in line with plan.

The year end forecast position is breakeven overall with overspends expected in mental health budgets and underspend in continuing care and community health services. It is too early in the year to accurately assess the year end position for Prescribing and therefore reported as breakeven for month 2.

Decisions taken at Place

Contract award for New Mill Street general practice

Following an open, fair and transparent process undertaken to procure a provider of primary medical care services for the patients registered at New Mill Street, the ICB Southwark are pleased to announce Quay Health Solutions (QHS) was awarded the contract on 20 May 2024. The contract is awarded on an Alternative Provider Medical Services (APMS) basis for 5+5+5+ years.



As the incumbent, and local North Southwark GP Federation, the Provider is already well integrated into the local health community and the wider SEL ICS. The practice is a member of the local Primary Care Network and has effective links with all acute trusts within the locality, the local authority and voluntary sector Providers.

Darren Summers
Strategic Director of Health & Care & Place Executive Lead
Southwark Council & South East London Integrated Care Board



Appendix 1 – PSSB Sub-Group Report

Integrated Governance and Assurance Committee (IGAC)

Agenda Items of Note

Below is a summary of other significant actions and items of note, for PSSB information.

Meeting date 16 May 2024

Agenda item	Items discussed
Mental Health Placements Deep Dive	The Committee noted the deep dive update into mental health placements and the Chair noted that the historical position should be taken in the knowledge of decisions now taken on the SLP shadow arrangements. The committee noted the area of likely growth in placements and this being in relation to Learning Disability and Autism, and which will continue to be monitored and the process for approval and oversight between partners.
Comms & Engagement Update	The Committee noted the update from comms and engagement and the activities undertaken by the team over the last 6 months and an overview of the team structure post MCR.
NHS Operational Plan Southwark & Priorities Update	The Committee noted the main changes from the last update and noted that for 24/25, the draft has been revised to reflect the new directorate structure as a result of MCR.
Integrated Governance Report	The Committee reviewed the performance indicators across Place and agreed on areas for further deep dives into data and performance.
The Finance Report	The Committee noted the final outturn for 23/24 and the planned place budget for 24/25 and the underlying financial position/risks for Place.
Procurement Update	The Committee noted that two contracts had been approved whilst the interim PEL was in post.
Risk Report	The Committee noted the report, and it was noted that the risk around overspend on Autism and ADHD diagnostic services could be closed as oversight management had now been established.



Appendix 1 – PSSB Sub-Group Report

Primary Care Group – Part A

Agenda Items of Note

Below is a summary of decisions, significant actions and items of note, for PSSB information.

Meeting date 28 May 2024

Agenda item	Items discussed
Primary Care Quality Dashboard	The Group acknowledged progress with the primary care quality dashboard to date. The full/raw data was shared, primarily focused on workforce within primary care, and it was noted that there was still work to do in terms of understanding priorities in the reporting and how the data can best support the functions of the Group.
Quality and Performance	The Group learned that CQC are planning an inspection of all practices that requires improvement in Southwark. Acorn and Gaumont currently rated inadequate will be inspected in the next couple of months and others will follow suit. The Group agreed that it would be helpful to obtain clear timeframes for the CQC inspection visits in order to inform practices and consider the support would be needed from the practices and the provision for this.
Financial Report Primary Care budget	The Group received an update on the 23/24 Primary Care financial position, an overspend for delegated care was reported and the Group noted that these pressures were likely to remain for 24/25.
AT Medics change of control	The Group was informed that SEL ICB along with other ICBs have collectively agreed to serve a breach notice on all contracts held by AT Medics following the change of control and the related notification to the NHS; this process had commenced. The Group noted that the due diligence had been completed and would go to the July public meeting. It was also noted that there would be local contractual considerations which would be relevant to the Group.
Procurement Timeline Update	The Group agreed to discuss New Mill Street at the next meeting, as this remained in a contractual standstill period. The Group supported recommendations to extend AT Medics contracts Silver Lock and Queens Road for 12 months, to give time to consider procurement process and options. Care homes were discussed at the last meeting and recommendations to extend for 6 months had been agreed, again to give time to consider options. The Group agreed that care homes, Silver Lock and Queens Road would be added to the contracts forward planner for a future decision.



Estates	The Group learned that the anticipated Harold Moody go live date is now July 2024. The Group received an update on the Penrose request to move premises, however, the Group had a significant number of questions relating to access, serving their population and the related costs, and has requested a business plan in order to make full consideration of the request.
Risk Register	The Group was informed that there were currently no premises available to use in Southwark for the newly commissioned ENT service. Work is ongoing to identify a space, but this currently remains a risk area.

Primary Care Group – Part B

Agenda Items of Note

Below is a summary of decisions, significant actions and items of note, for PSSB information.

Meeting date 28 May 2024

Agenda item	Items discussed
Collaborative Feedback	The Group learned that the key prescribing pathways focus areas would initially be asthma and hypertension and would be about developing the pathways and working collaboratively, progress with this would be fed back to the Group in the Autumn. The Group noted that it was important that primary care had clarity, and ideally input, on the review of governance arrangements for 111.
Moving to modern general practice	The Group noted the update on the GP recovery access plans, and it was noted that the common themes had now been consolidated into 2 PCN improvement plans. The Group noted that work was ongoing to encourage practices to opt-in to the Support Level Framework tool.
Funding 23/24 and 24/25	The Group noted that the System Development Fund (SDF) had not yet been finalised and would therefore be reviewed at the next meeting.
Existing Projects	The group approved the Shared Care guidelines to those who are providing shared care at the current time with a further commitment to have conversations to look at the broader pathways and communication across shared care.
Meds OP	The Group approved the SOP for lost or stolen prescriptions. The Group also approved a proposal to review the asthma care in practices, in line with national review of asthma report DES report (2014).

Partnership Southwark Strategic Board

Cover Sheet

Item: 6

Enclosure: 5 – Please also reference the appendices at end of pack (Enclosure 5i)

Title:	Due diligence process related to APMS contracts held by AT Medics
Meeting Date:	11th July 2024
Author:	Holly Eden, Director of Community Based Care South East London
Executive Lead:	Darren Summers, Place Executive Lead

Summary of main points

This paper outlines the due diligence process undertaken by South East London Integrated Care Board, in partnership with other London Integrated Care Boards, in relation to the change of control of 7 Alternative Provider of Medical Services (APMS) contracts that AT Medics Ltd holds across South East London.

Background

AT Medics Ltd holds Alternative Provider Medical Services (APMS) contracts with the NHS to provide general practice services. AT Medics Ltd is owned by Operose Health Ltd.

On 30 November 2023, South East London ICB (alongside other relevant ICBs in the country) was asked by AT Medics Ltd to authorise a change of control under relevant general practice contracts held by AT Medics. The change of control was expected to arise due to the potential transfer of the ownership of Operose Health Ltd from MH Services International (UK) Ltd, a subsidiary of Centene Corporation, to T20 Osprey Midco Ltd. South East London ICB initiated a due diligence process in relation to the change of control request received. This was done in partnership with other London ICBs who had also been asked to authorise change of control under relevant general practice contracts. North Central London ICB commissioned Hill Dickinson to undertake a due diligence exercise on behalf of the five London ICBs, including South East London ICB. SEL ICB was informed in writing on the 15th March that a 'change of control' took place on 28 December 2023. The NHS was not informed of the change of control at the time it occurred, and our due diligence process had not been completed at that stage but has now been finalised.

It would not be appropriate to ask the Board to retrospectively decide on whether the change of control should be authorised, given that the change of control has taken place. However, it is important that The Board has reviewed the outputs of the due diligence process and any findings of note and have put in place any actions deemed appropriate to maintain assurance as to the quality and safety of general practice services.

The findings of the due diligence exercise

A due diligence exercise was completed for the change of control arising from the sale of Operose Health Limited (Operose) by Centene Corporation (the Seller) to T20 Osprey Midco Ltd (the Buyer).

Following the change of control, Operose sits within a large group structure, with two corporate entities as the ultimate beneficial owners of the whole Group (IJMH Limited, Twenty 20 Capital Limited). IJMH Limited is controlled by Ian James Munro, an individual who is a British national and resident of England. Twenty 20 Capital Limited is controlled by Tristan Nicholas Ramus, an individual who is a British national and resident of England.

In the new structure, 100% of the shares in Operose, and a 1% minority interest in AT Medics, are owned by the Buyer. In the new structure, Operose sits underneath the Buyer (a special purpose vehicle used only as a holding company for Operose) and shares a holding company with HCRG Care Group Holdings Ltd but

is not directly linked. Operose confirmed that the Buyer is registered, managed, and is paying tax in the United Kingdom

A full report of the due diligence exercise undertaken by Hills Dickinson on behalf of London ICBs is attached as Appendix A to this paper. This sets out:

- Key findings of the due diligence exercise (pages 3 – 5)
- Hill Dickinson's approach to the due diligence exercise (page 6)
- Structure charts for:
 - The Buyer - T20 Osprey Midco (page 9)
 - The Buyer's Group - T20 Pioneer Midco Ltd and its subsidiaries (page 7)
 - The Buyer's two main businesses – HCRG Care Group (page 8) and HCRG Workforce and Sugarman Holdings Limited (Page 10)
- All of the questions posed to the Operose Health and the responses received (pages 11 – 39)

The due diligence process provides evidence that the proposed new owner and associated group structures are of good standing.

The process has not identified any concerns that the change of control will impact the care that residents currently receive. Paragraph 2.2.2 of the due diligence report sets out that "it is intended that Operose and AT Medics will continue to operate as a financially sustainable standalone business focused on delivery of primary care services following the Change of Control, and that the arrangements relating to staffing and data protection in particular will remain the same".

The Board are asked to consider paragraph 2.6.5 of the due diligence report. This paragraph notes that "the Companies House documents for AT Medics Limited and AT Medics Holdings LLP, show that a charge was registered against both on 13 March 2024 for the benefit of HSBC bank. We have asked Operose for details of this, and they noted that T20 Osprey Midco Ltd, the parent company of Operose Health Limited, and its sister company HCRG Care Group Holdings Ltd, refinanced existing group debt with HSBC UK Bank in March 2024. Therefore, AT Medics are now subject to additional potential liabilities following the Change of Control, relating to pre-existing debt of the Buyer's group. However, we have been unable to ascertain the extent or significance of these liabilities."

Further enquiries on the debt charges have been made to Operose Health. Operose Health have provided the further statement at Appendix B.

Whilst the refinancing of group debt is not an unusual activity and does not impact on the overall assurances the due diligence report provides, the scale of any potential liabilities has not been confirmed. We would recommend that the Board via it's Primary Care Group continues to seek further information from AT Medics, Operose and the Buyer as to the change in potential liabilities on AT Medics.

Impact on service delivery

This change of control is not expected to result in any change to:

- The legal entity holding the APMS contracts (AT Medics Ltd)
- The APMS contracts themselves; and
- The services AT Medics Ltd are required to provide, including locations, opening hours and service standards (including in respect of access and staffing).

AT Medics Ltd has previously informed the NHS that there are no intentions to change service delivery, or the personnel involved in providing care. This remains the case and has been re-asserted at meetings between AT Medics and the NHS since 15 March 2024. There is nothing within the due diligence findings that would suggest otherwise.

We would recommend that the Board, via its relevant Primary Care Group, continues to maintain scrutiny on the quality and delivery of services delivered by the practices impacted by the change of control, in particular monitoring the stability of the practice workforce using data available through the National Workforce Reporting Service.

Other actions for the committee to note.

Under the terms of the standard APMS contract, providers may not undergo a change of control without the NHS's prior authorisation. SEL ICB (alongside other London ICBs) has determined that the action taken by AT Medics to undergo a change of control without the NHS's prior authorisation constitutes a breach of the terms of the APMS contracts held by AT Medics within South East London.

As a result, SEL ICB has issued a formal breach notice to AT Medics for each of these contracts following approval by the relevant Place Executive Leads. In Southwark, this breach notice relates to Lister, Queen's Road and Silverlock practices.

We retain our right to take any further contractual action that is required should there be evidence of a need to do so, as would be the case with all of our contracts.

Item presented for (place an X in relevant box)	Update	Discussion	Decision
		X	

Action requested of PSSB

We would recommend that the Board, via it's Primary Care Group:

- seeks further information from AT Medics, Operose and the Buyer as to the debt charges and the scale of any potential liabilities.
- continues to maintain scrutiny (via its Primary Care Group) on the quality and delivery of services delivered by the practices impacted by the change of control, in particular monitoring the stability of the practice workforce using data available through the National Workforce Reporting Service.

Anticipated follow up

A further update will be provided should further information be received from AT Medics, Operose and the Buyer.

Links to Partnership Southwark Health and Care Plan priorities

1001 Days	X
Children and Young People's Mental Health	X
Vital 5	X
Community Mental Health Transformation	
Frailty	X
Lower Limb Wound Care	

Item Impact

Equality Impact	This is a contractual change that is not expected to impact on service delivery or patient care.
-----------------	--

Quality Impact	The due diligence report raises no concerns about any impacts on quality as a result of this ownership change.		
Financial Impact	This change is cost neutral. The change of control does not lead to any changes in the financial value of the contracts held by AT Medics.		
Medicines & Prescribing Impact	None anticipated		
Safeguarding Impact	None anticipated		
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
	X		

Describe the engagement has been carried out in relation to this item

The following engagement activities have been undertaken to keep our residents informed of the change of control process, to seek feedback and to ensure a route for members of the public to seek answers to their questions regarding the process:

- On 6th December 2023, we wrote to stakeholders and published communications on our website regarding the request from AT Medics for authorisation of a change of control
- On 28th December 2023, we published updated communications on our website, set up a feedback form for patients and publicised an upcoming webinar that patients could attend.
- During late December 2023 and early January 2024, AT Medics text patients from practices affected setting out the proposed change of control and put up posters within waiting rooms. These materials referred patients to the SEL feedback form and webinar invitation.
- On 23rd January 2024, we hosted a webinar setting out the change of control process answering questions submitted from the public.
- On 15th April 2024, we wrote to stakeholders and published communications setting out our understanding that the change of control had taken place.

Partnership Southwark Strategic Board

Cover Sheet

Item: 7
Enclosure: 6

Title:	Digital Inclusion
Meeting Date:	11 July 2024
Author:	Michael Boyce, Director of Corporate Operations & Joanne Richardson, Interim Head of Digital Inclusion, Philippa Kirkpatrick, Chief Digital Information Officer Ranjeet Keile, Director of Communications
Executive Lead:	Tosca Fairchild, Chief of Staff and Equalities SRO.

Summary of main points

- Executive Summary**
- Introduction**
- Understanding Digital Inclusion** – recognising the requirements of NHS England, defining what it means to be digitally included and the barriers to prevent digital exclusion to ensure works carried out are cohesive and aligned
- Digital Inclusion for South East London** – recognising the requirements within the South East London Integrated Care Board (SEL ICB) Digital Strategy and looking at some statistical data on the populations of south east London, considering those cohorts associated with digital exclusion to recognise the differing populations of each of the six boroughs and the scale of potential exclusion
- Scoping Digital Inclusion Activities Across South East London** – outlining the approach taken by South East London Integrated Care Board (SEL ICB) to define a discovery exercise to ascertain how each of the six boroughs are currently tackling digital inclusion. Providing a baseline of activities allowing insights to be acquired for best practice, scalable activities and opportunities across SEL IC
- Discoveries from the Scoping Exercise in Relation to the Barriers to Digital Inclusion** – providing a sample of works across SEL ICS in relation to each of the barriers to digital inclusion, and insights drawn from the discovery exercise to allow a programme of works to be developed based upon the findings
- Complementary Activities, Planning and Partnerships** – looking at some of the additional activities underway supporting the digital inclusion for the people of south east London, along with supplementary works to aid digital inclusion for SEL ICB
- Conclusion** – providing the outputs from the discovery exercise, highlighting the findings and areas for improvement, providing SEL ICS a data drive foundation for future developments and considerations
- Action**

Item presented for (place an X in relevant box)	Update	Discussion	Decision
		x	

Action requested of PSSB

- NOTE** the work to date on digital inclusion and the conclusions drawn in section
- SUPPORT** with the dissemination of the next phase of work (outlined in section 6.11 to 6.13 and section 8) to ensure that SEL ICS delivers a plan to remove the barriers faced to become a digitally included society through:
 - Identifying the links across the ICB and wider ICS organisations for collaboration within Southwark

- Supporting outreach to local communities within Southwark who can be supported with digital inclusion to ensure all people needs are met
- Promoting the Digital Inclusion agenda across the ICS to help recognise a collective vision and approach to tackling the barriers faced

Anticipated follow up

Links to Partnership Southwark Health and Care Plan priorities

1001 Days	
Children and Young People's Mental Health	
Vital 5	
Community Mental Health Transformation	
Frailty	
Lower Limb Wound Care	

Item Impact

Equality Impact	<i>(Equality Impact assessment attached or explanation of why no equality impact assessment has been undertaken)</i>		
Quality Impact	<i>(Quality Impact assessment attached or explanation of why no quality impact assessment has been undertaken)</i>		
Financial Impact	<i>(is this cost neutral or is there financial impact)</i>		
Medicines & Prescribing Impact	<i>(Does this proposal have an impact on medicines and prescribing)</i>		
Safeguarding Impact	<i>(How have the needs of vulnerable children, young people and adults been considered in relation to this item)</i>		
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
	✓	e.g. Yes – see page x.	

Describe the engagement has been carried out in relation to this item

The engagement has been made with colleagues across the ICS via a working group consisted of representation from the six boroughs, Healthwatch and ICB colleagues from the Communication & Engagement team, Digital team and Equality, Diversity & Inclusion team.

Digital Inclusion

Southwark Local Care Partnership (July 2024)

1 Executive Summary

- 1.1 In the pursuit of a digital-first NHS, and recognition of the transformative capability of technology in enhancing health and care services, acknowledgment must be given, that true digitalisation must be inclusive, ensuring equitable access and benefits for all.
- 1.2 South East London Integrated Care Board (SEL ICB) is committed to bridging the digital divide, fostering a society where every individual can engage with and improve their health outcomes through digital means. The SEL ICB digital strategy is not just about implementing technology; it's about nurturing a culture that elevates everyone's digital experience, particularly those facing the greatest barriers to digital engagement.
- 1.3 This paper outlines the approach taken by SEL ICB to tackle digital inclusion across south east London, to deliver equitable and inclusive services to all residents. The paper is comprised as follows:

2. Introduction

3. **Understanding Digital Inclusion** – recognising the requirements of NHS England, defining what it means to be digitally included and the barriers to prevent digital exclusion to ensure works carried out are cohesive and aligned
4. **Digital Inclusion for South East London** – recognising the requirements within the South East London Integrated Care Boards (SEL ICB) Digital Strategy and looking at some statistical data on the populations of south east London, considering those cohorts associated with digital exclusion to recognise the differing populations of each of the six boroughs and the scale of potential exclusion
5. **Scoping Digital Inclusion Activities Across South East London** – outlining the approach taken by South East London Integrated Care Board (SEL ICB) to define a discovery exercise to ascertain how each of the six boroughs are currently tackling digital inclusion. Providing a baseline of activities allowing insights to be acquired for best practice, scalable activities and opportunities across SEL ICs
6. **Discoveries from the Scoping Exercise in Relation to the Barriers to Digital Inclusion** – providing a sample of works across South East London Integrated Care System (SEL ICS) in relation to each of the barriers to digital inclusion, and insights drawn from the discovery exercise to allow a programme of works to be developed based upon the findings
7. **Complementary Activities, Planning and Partnerships** – looking at some of the additional activities underway supporting the digital inclusion for the people of south east London, along with supplementary works to aid digital inclusion for SEL ICB
8. **Conclusion** – providing the outputs from the discovery exercise, highlighting the findings and areas for improvement, providing SEL ICS a data driven foundation for future developments and considerations
9. **Action**

2 Introduction

- 2.1 There are significant social and economic advantages to be realised from improving digital inclusion in local populations and, therefore, digital inclusion should be seen as a key part of SEL ICB's offer to support social and economic development and tackle the wider determinants of health. For example, tackling social isolation and loneliness, especially in older adults, through digital inclusion can support improved outcomes in patient care and patient experience leading to a reduced demand for services¹.
- 2.2 Digital technologies can change how care is delivered; health and care services can be more accessible, flexible, and provide a better experience for patients and staff using websites and apps. However, digital is not just about technology, it is about applying the culture, processes and operating models to respond to people's raised expectations and society needs and there is no assurance of the positive effects until digitally enabled services are inclusive and meet the expectations of staff and the public.
- 2.3 Digital Inclusion is more specifically about raising the participation of digital technology by addressing the barriers to digital exclusion. If digital inclusion is improved, services can be delivered which provide opportunities for everyone to equally be able to engage with health and care and improvements will be seen for all, leading to better health outcomes, quality and experience of care.
- 2.4 Reaching a digital-first approach for the NHS has long been the vision of the UK government, with intentions to ensure digitalisation remains prominent in its strategy to transform health and care provision.
- 2.5 The NHS Long Term Plan was published on 7 January 2019 and sets out the ambitions for improvement over the next decade. The plan underpins the importance of technology in the future NHS; setting out the critical priorities that will support digital transformation and provide a step change in the way the NHS cares for society.
- 2.6 If a digital-first approach is prioritised for the NHS without focusing on the barriers to digital inclusion, there is a risk of increasing health inequalities by excluding people who are unable to benefit from digital services. SEL ICB is committed to addressing digital inclusion to ensure digital healthcare is equitable for all people living within its six boroughs (Bexley, Bromley, Lambeth, Lewisham, Greenwich and Southwark).

3 Understanding Digital Inclusion

- 3.1 The [NHS England National Framework for Digital Inclusion](#) explains that as the NHS continues with the recovery and improvement of its services, it is vital that the broadest population can enjoy the benefits of digital health and digital transformation delivery ambitions.
- 3.2 Realising these benefits without further widening healthcare inequalities requires action:
 - Designing user-centred and inclusive digital health approaches
 - Promoting widespread adoption of digital health approaches
 - Promoting digital inclusion – removing the barriers to digital approaches
 - Providing and maintaining non-digital healthcare support, alongside a digital health approach

¹ [Social Isolation and Loneliness \(who.int\)](#)

3.3 As digital inclusion is a whole-of-society issue, the framework highlights the importance of collaboration at different levels and across sectors, particularly with local government, the voluntary sector and grassroots community groups, but also with other partners including business schools.

3.4 The NHS England National Framework for Digital Inclusion identifies five domains where action is needed:

Domain 1: Access to devices and data so that everyone can access digital healthcare if they choose to and experience the benefits

Domain 2: Accessibility and ease of using technology, so that user-centred digital content and products are co-designed and deliver excellent patient outcomes

Domain 3: Skills and capability so that everyone has the skills to use digital approaches and health services respond to the capabilities of all

Domain 4: Beliefs and trust so that people understand and feel confident using digital health approaches

Domain 5: Leadership and partnerships so that digital inclusion efforts are co-ordinated and help to reduce health inequalities

3.5 The five domains distinguish between:

- Actions for all NHS staff that contribute to commissioning, design or delivery of digitally enabled services at national, regional, integrated care system (ICS), primary care network (PCN) and provider level
- Actions specifically for leaders at ICS, PCN or provider level
- Actions specifically for leaders at national or regional level in NHS England

3.6 The collective challenge is how to ensure that ongoing digital transformation of the NHS is inclusive, effective and helps to reduce health inequalities. Focussing on crosscutting actions, recognising that specific strategies for digital inclusion will need to be tailored to the communities served and the interactions needed.

3.7 The UK Government has set out an [Essential digital skills framework](#) which is intended to be used by everyone in the UK involved in supporting adults to improve their essential digital skills.

3.8 It is estimated that:

- 11.3 million people (21%) lack the full basic digital skills
- 4.3 million (8%) have no basic digital skills at all
- 5.4 million working adults (10%) are without basic digital skills
- people with a registered disability are 4 times as likely to be offline
- 28% of those aged 60+ are offline

3.9 The NHS recognises that in order for people to become digitally included they will need access to the internet, have basic digital literacy² and access to services which meet all users needs including those dependant on assistive technology to access such services.

3.10 Digital inclusion by definition is about increasing digital participation, therefore the barriers to digital inclusion must be recognised and addressed. Those barriers include:

² [NHS England » Digital skills for patients](#)

- **Access** - not everyone has the ability to connect to the internet and go online
 - **Skills** - not everyone has the ability to use the internet and online services
 - **Confidence** - some people fear online crime, lack trust or don't know where to start online
 - **Motivation** - not everyone sees why using the internet could be relevant and helpful
 - **Design** - not all digital services and products are accessible and easy to use
 - **Awareness** - not everyone is aware of digital services and products available to them
 - **Staff Capability and Capacity** - not all health and care staff have the skills and knowledge to recommend digital services and products to patients and service users
- 3.11 Digital exclusion refers to the lack of access, skills and capabilities needed to engage with devices or digital services that help people participate in society. Digital exclusion can be a barrier when digital tools are the preferred or only way of accessing public services.
- 3.12 Failure to address the barriers to digital inclusive services means that all people are at risk of digital exclusion but there are some particular groups who face a higher risk of being digitally excluded; these groups also generally face a higher risk of health inequalities:
- Older people, especially people over 75 years old
 - People in more socio-economically disadvantaged groups, such as people that have lower incomes or who are unemployed
 - Socially excluded groups, including people experiencing homelessness and people seeking asylum, people in contact with the justice system – also known as inclusion health groups
 - Disabled people and people with life-impacting conditions
 - People living in areas with inadequate broadband and mobile data coverage – more likely in rural and coastal areas
 - People less fluent in understanding the English language

4 Digital Inclusion for South East London

- 4.1 The [SEL ICB Digital Strategy](#) has identified that, as the use of technology becomes more widespread, digital exclusion will remain the reality for many – often the most vulnerable people. That is why the digital strategy needs to champion digital inclusion. Collaboration across system partners is key. All SEL ICB borough-based partnerships have reflected this in plans for the provision of information and online services as well as achieving digital maturity.
- 4.2 Reflecting the need for a system-wide approach, the SEL ICS Digital Strategy recommends:
- A set of principles that will be adopted and promoted for digital inclusion and co-production that all digital transformation projects are expected to follow.
 - The work that is already in progress across South East London Integrated Care System (SEL ICS) will be built upon to develop a network of digital champions across the workforce, reflecting the different skills, expertise and enthusiasm that will help promote digital inclusion. This is a key component of the SEL ICB equalities

programme, alongside the South London Listens work and in a number of the borough partnerships' programmes of work.

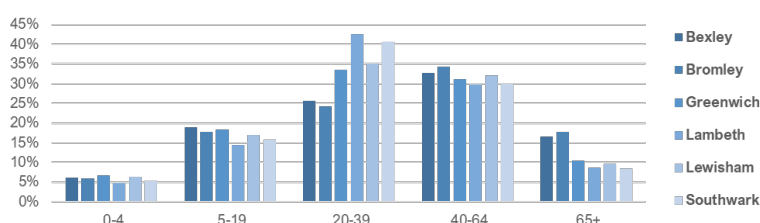
- 4.3 This will ensure that collaborative work is consistent with national expectations that ICSs consider these principles at planning and design phase to optimise self-management as well as achieving system outcome measurement and gathering evidence for quality reporting, tackling inequalities, performance and further service improvement and changes.

Understanding the Population of south east London

- 4.4 SEL ICB serves a registered population of circa 1.9 million people. The following graphs are based on data obtained from the [Office of National Statistics \(ONS\)](#) drawn from the 2021 Census.

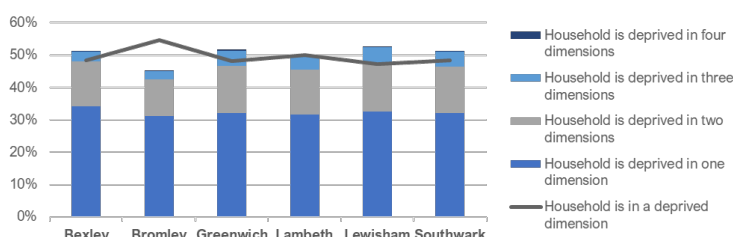
AGE PROFILE - 65% of SEL is made up of those aged between 20-64

- 4.5 The graph illustrates the Age Profile Represented by % Across Each Borough



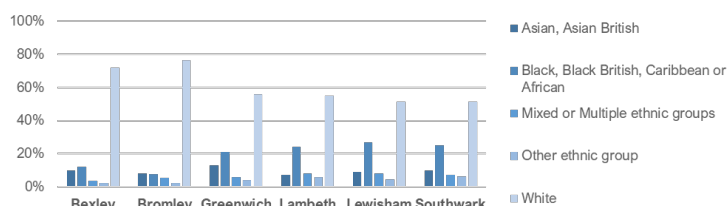
HOUSEHOLD DEPRIVATION³ – 69% of SEL is Economically active (64% in employment and 5% Unemployed) 31% are Economically inactive

- 4.6 The graph illustrates Age Profile Represented by % Across Each Borough



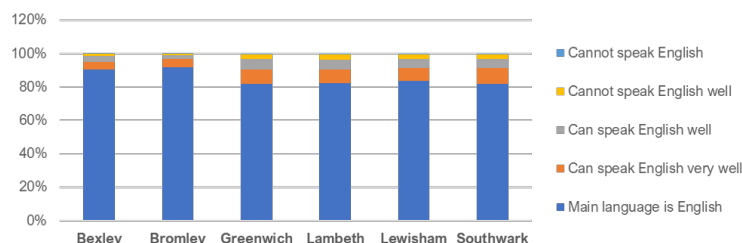
ETHNICITY – 60% of SEL is White, 19% Black, Black British, Black Welsh, Caribbean or African, 10% Asian, Asian British or Asian Welsh, 6 % Mixed or Multiple ethnic groups and 4% from Other ethnic group.

- 4.7 The graph illustrates Ethnicity Represented by % Across Each Borough



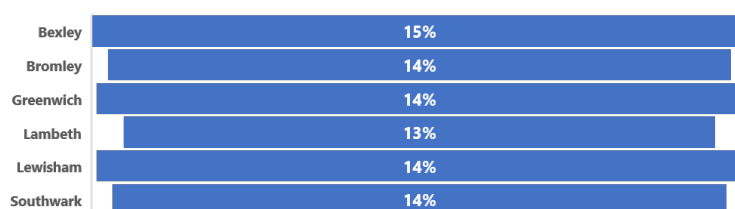
³ Definition: The dimensions of deprivation used to classify households are indicators based on four selected household characteristics; Education - A household is classified as deprived in the education dimension if no one has at least level 2 education and no one aged 16 to 18 years is a full-time student; Employment - A household is classified as deprived in the employment dimension if any member, not a full-time student, is either unemployed or economically inactive due to long-term sickness or disability; Health - A household is classified as deprived in the health dimension if any person in the household has general health that is bad or very bad or is identified as disabled; Housing - A household is classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.

PROFICIENCY IN ENGLISH – 85% of SEL has English as their main language, 7% can speak English very well, 5% can speak English well, 2% cannot speak English well and 0% cannot speak English. There are an estimated 300 languages spoken in London, more than any other city in the world.



- 4.8 The graph illustrates English Proficiency Represented by % Across Each Borough

UNDER THE DISABILITY EQUALITY ACT – 86% of SEL are Not Disabled and 14% Disabled



- 4.9 The graph illustrates Disability Represented by % Across Each Borough

INTERNET USAGE – The data for internet usage is no longer collated and reported through the [ONS](#), however previous iterations are available to provide an understanding of how usage has changed over a time period

- 4.10 The table shows whether people aged 16 or over have ever used or never used the internet for each borough⁴. The data is supplied up to 2018 and pre pandemic but highlights a historic trend.

	2011	2012	2013	2014	2015	2016	2017	2018
Bexley	86%	82%	92%	89%	86%	95%	95%	93%
Bromley	94%	90%	88%	93%	90%	95%	94%	91%
Greenwich	85%	85%	87%	86%	91%	91%	96%	94%
Lambeth	88%	88%	88%	92%	97%	94%	97%	96%
Lewisham	89%	92%	94%	92%	90%	92%	94%	96%
Southwark	89%	84%	93%	94%	91%	95%	96%	94%

- 4.11 There are innovative and inspiring examples of work to tackle digital inclusion across south east London, from help and support in getting people access to digital technology, to providing training for both people, workforce and partners, to help raising confidence in digital healthcare and to understand how work is undertaken with residents to ensure digital solutions meet needs. See section 5 for more information.
- 4.12 Working with key partners, SEL ICB has conducted an initial scoping review across the wider SEL ICS to establish a baseline of the current landscape of digital inclusion and further understand work with partners to consider the barriers people face in order to become digitally included.

⁴ The question asked in the Labour Force Survey is "When did you last use the internet?" This question is only asked to people aged 16 and over. The first time this data was available was 2011 Q1. At borough level the data showed ever used or never used. For London and Rest of UK the data is broken down by a range of indicators, including age, ethnic group, weekly pay, occupation levels, qualification levels, and economic activity. The APS sampled around 333,000 people in the UK (around 27,000 in London). As such all figures must be treated with some caution.

5 Scoping Digital Inclusion Activities Across South East London

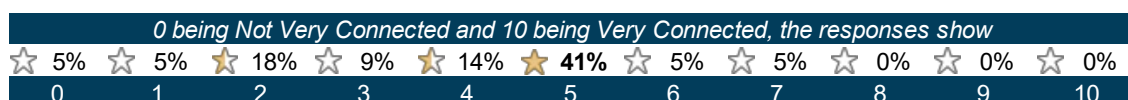
Engagement & Inputs

- 5.1 An operating model was established along with a working group to align and agree an approach to completing a scoping exercise to understand the barriers outlined in 3.10 and to look at what currently exists in each of the six boroughs and at a south east London level in relation to digital inclusion. Once the scoping exercise is completed, a proposal for a south east London model will be formulated that facilitates and complements a south east London and borough digital approach.
- 5.2 The working group consisted of representation from the six boroughs, Healthwatch and ICB colleagues from the Communication & Engagement team, Digital team and Equality, Diversity & Inclusion team.
- 5.3 The operating model for delivery, providing support, governance and borough specific perspectives is shown below. This model supports primacy of place as well as at scale solutions where beneficial.

South East London ICB Operating Model



- 5.4 A 3-staged approach was applied to collating the data⁵.
- 5.5 This approach allowed for both quantitative and qualitative data to be captured to inform the next part of the process and allowed richer discussions within the focus groups.
- 5.6 Each stage centred on the barriers faced to becoming digitally included. Questions were also asked around strategies for tackling digital inclusion across the ICS.
- 5.7 Data collated from the Borough Survey Questionnaire showed:
 1. When asked to score, 'How connected do you feel organisations across SEL ICS are at working together to tackle Digital Healthcare?

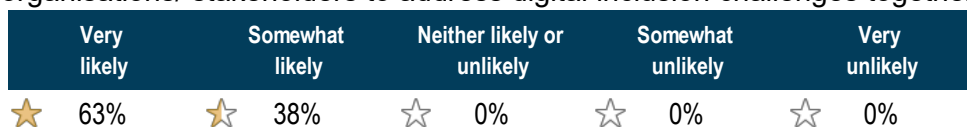


⁵

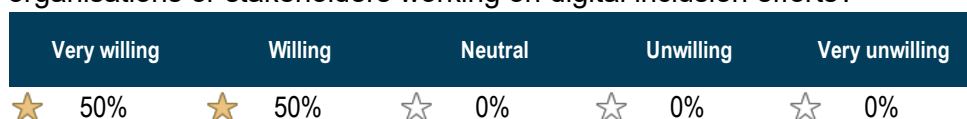
1. **Borough Survey Questionnaire** – to understand best practice, scalable activity, and gaps to evidence opportunities.
2. **ICB Exploratory Session** – to understand the support provided and explore opportunities for development.
3. **ICS Focus Group** – for constructive and collaborative conversations and to allow the formation of a proposal.

5.8 Data collated following the SEL ICS Focus Group Session showed:

1. How likely are you to be part of a collaboration network across the SEL organisations/ stakeholders to address digital inclusion challenges together?



2. How willing are you to share resources, knowledge, or best practices with other organisations or stakeholders working on digital inclusion efforts?



6 Discoveries from the Scoping Exercise in Relation to the Barriers to Digital Inclusion

- 6.1 The data collected from the borough survey questionnaire, SEL ICB exploratory session and SEL ICS focus groups has been rich and insightful. The data captured covered the barriers people face to becoming digitally included (section 3.10).

Access & Skills:

- 6.2 In response to the Borough Survey Questionnaire, 79% of respondents highlighted how they engage with service users in relation to digital access. This included:
 - engagement through numerous hubs which are in place across the system, offering digital skill drop-in sessions and workshops including those specifically for people with disabilities
 - digital skills courses and alternative means for learning
 - support and referrals to local charities, for free access and SIM cards
 - production of more accessible information and easy read digital inclusion guides
 - surveying patients for their views and co-design workshops
- 6.3 The Borough Survey Questionnaire also provided an opportunity for stakeholders to share some of the great work in planning or already taking place which included:
 - the provision of joint working with local authorities to set up neighbourhood corners and work with communities less likely to be digitally enabled
 - providing digital buddies to support people in their homes to increase their digital capacity
 - improving websites to be more accessible, incorporating features such as language translation and accessibility tools
 - training to frontline staff to support digital inclusion

Confidence & Motivation:

- 6.4 In response to the Borough Survey Questionnaire, 97% of respondents to the survey shared how they ensure trust in the digital systems provided and 94% on how they ensure people are motivated to use the digital systems provided.
- 6.5 This included making it clear and transparent how the data shared will be used and ensuring there is an early consultation to recognise the support to access is understood, as well as outlining the benefits of the digital solution, developing systems through co-production and user testing and making online journeys simpler and through the creation of campaigns to maintain engagement.

6.6 The Borough Survey Questionnaire also asked stakeholders to share how this is being achieved, which included:

- providing information pictorially for people who relate more to images when reading information
- ensuring that requests submitted digitally are responded to promptly
- outreach health promotion events in local neighbourhoods where local people can find out more about initiatives and have on-the-spot discussions
- peer supporters working directly with people to build confidence
- keyworkers liaising with the relevant professional services or find out where to signpost people to

Design:

6.7 In response to the Borough Survey Questionnaire, 88% explained how they ensure services offered are inclusive for all people and services users. This involved:

- consultations through patient groups and co-design through 3rd sector colleagues and focus groups run jointly with the relevant community groups' voluntary experts
- providing advice on how to tailor products according to the people's needs along with evaluation of services and adaptations made based on the feedback
- understanding the target audience and ascertaining what reasonable adjustments would be needed
- ensure everyone can access digital services and having representatives from people with disabilities such as visual impairment and English not being their first language

Awareness:

6.8 In response to the Borough Survey Questionnaire, 97% of respondents illustrated how they promote digital transformation. The work included:

- providing a balance of online and face to face information to ensure services are inclusive and people feel connected
- promotions run via flyers, social media, websites, verbal conversations, GP surgeries and visits to digital inclusion hubs wherever possible to integrate with them and build personal relationships
- Digital Champions contributing to user-testing and supporting the spread, adoption and training opportunities for staff by the various digital service providers

Staff Capability & Capacity:

6.9 In response to the Borough Survey Questionnaire, 70% responded that they would like to see more to support the workforce and 61% of respondents stated that they have Digital and/or Digital Inclusion Champions available to help support staff with digital tools and technology.

6.10 To conclude the study, stakeholders were asked:

1. Which areas of digital inclusion do you believe would benefit the most from a collaboration network. The responses show:

Access to digital devices and internet connectivity	Digital skills training and education programs	Development of user-friendly digital tools and platforms	Community outreach and awareness campaigns	Advocacy of workforce development
★ 50%	★ 75%	★ 88%	★ 75%	★ 63%

2. What resources support would you need to effectively collaborate with other organisations or stakeholders on digital inclusion initiatives. The responses show:

Funding or financial assistance	Access to networking opportunities or platforms	Technical assistance or expertise	Training or capacity-building programs	Other (please specify)
★ 50%	★ 75%	☆ 13%	★ 63%	☆ 0%

- 6.11 The scoping exercise has also highlighted a need:

- to raise the profile of digital inclusion and assist the workforce to understand the principles and considerations that need to be made
- for close working with partner organisations across the SEL ICS to work collectively to capitalise on expertise and remove duplications and silos and connecting organisations together to continue to share best practice and recognise the gaps to remove inequalities
- for an understanding of the landscape of the digital technologies people are interacting with to establish if improvements can be made and simplified
- for a greater understanding of those who are digitally excluded and seek solutions to ensure health inequalities are reduced and not widened

- 6.12 Working with the objectives set out by the UK Government, the SEL ICS Digital Strategy and NHS England National Framework for Digital Inclusion (noted in sections 2, 3 and 4), the digital inclusion programme can now move to consider the execution phase. This will ensure SEL ICS supports the opportunities identified through the scoping exercise and the needs identified through the engagement work removing the barriers faced to become a digitally included society. This work will include representation from the six Local Care Partnerships (LCPs), Healthwatch and key stakeholders within SEL ICB.

- 6.13 The programme will consider a full work plan with defined allocations of responsibility to capitalise on the expertise and works already in place across south east London. The work will therefore ensure:

- A unified Digital Inclusion Vision and Mission for south east London
- A set of principles/ check list defined and to be followed for all digital initiatives
- An ICS framework/charter enabling further cohesion and collaboration
- Development of training materials and delivery methods for staff, volunteers and patients
- Workforce and patients have the information needed to enable and recognise how digital health can empower health and wellbeing
- Definition and agreement of a set of achievable objectives to outline where and how most value can be added
- Methods for measuring the value of change to inform next steps and change
- A forum and space for a Digital Inclusion Network to collaborate and share knowledge
- Definition of methods for communication across all stakeholders to ensure all voices are heard and all cohorts are reached to drive improvements
- Processes for capturing feedback which can be shared across SEL ICS and with NHSE to improve digital inclusion

7 Complementary Activities, Planning and Partnerships

- 7.1 The discovery phase aimed to explore a collaborative approach to tackling the barriers experienced for digital inclusion, seeking to tease out best practices and scalable activities and identify opportunities to support the SEL ICS and the people of south east London.
- 7.2 The work has strengthened the working relationships across the boroughs and brought alignment to the digital inclusion agenda. Solid associations have been made with agencies who can support this work moving forwards.

Working with agencies and partners who support Digital Inclusion

- 7.3 There are a number of charitable organisations, which vary in size, placed across south east London who work in unison with the six boroughs. In addition, SEL ICB has strengthened relations with a number of established agencies who offer south east London ICS their support. These connections will allow the forging of strong alliances to tackle digital inclusion through collaborations, capitalising on both the experience and expertise they bring in this space. These agencies offer their services to the ICS partner organisations and to the general public directly (details can be found in section 1 of Appendix 1).

South London Listens: Tackling social isolation, loneliness and digital inclusion

- 7.4 South East London ICB, has engaged with over 10,000 local people through [South London Listens](#) (SLL) and has set tackling social isolation, loneliness and digital inclusion as one of [four core priorities](#) of the programme. The team has been working with NHS England to help shape a wider programme of digital inclusion (more detail of the works can be found in section 2 of Appendix 1) and build a library of best practices, helping to identify opportunities for organisations to donate equipment or train people in digital skills.

Access to Devices and Data

- 7.5 Access to devices and connectivity (data) is a barrier to digital inclusion. To improve this in south east London, SEL ICB has partnered with local charity [Community TechAid](#) to pilot a programme of re-purposing NHS digital devices to help close the digital divide. The charity works with many organisations ranging from schools, refugee groups, food banks, young carers and shelters. SEL ICB's current process is to provide laptops and other hardware to its partner, Restore, who recycle laptop components and securely destroy the remains. SEL ICB has negotiated with Restore to work together to provide laptops to Community TechAid. In this way, where a laptop is suitable for re-use, Restore will securely remove the data and provide the laptop to Community TechAid. During the three-month pilot, an impact report will be produced detailing where devices have been passed onto and the impact they have had on individuals' lives. SEL ICB will also assess the success of the three-way partnership, to confirm whether there are any significant additional resources required from SEL ICB or Restore to make this happen. If successful, this programme will become a core pillar of SEL ICB's digital inclusion work.
- 7.6 It is important to note that, at this time, Community TechAid only work with community partners in Southwark and Lambeth to distribute the devices. If this pilot is successful, SEL ICB will work with the VCSE sector to determine if there is a way that support can be ensured across all SEL boroughs. In addition, there may be an opportunity to bring on other partners to the programme. SLam already participate in laptop re-distribution

with Community TechAid, but information has not yet been collected about what other partners do with devices no longer usable by their own organisation.

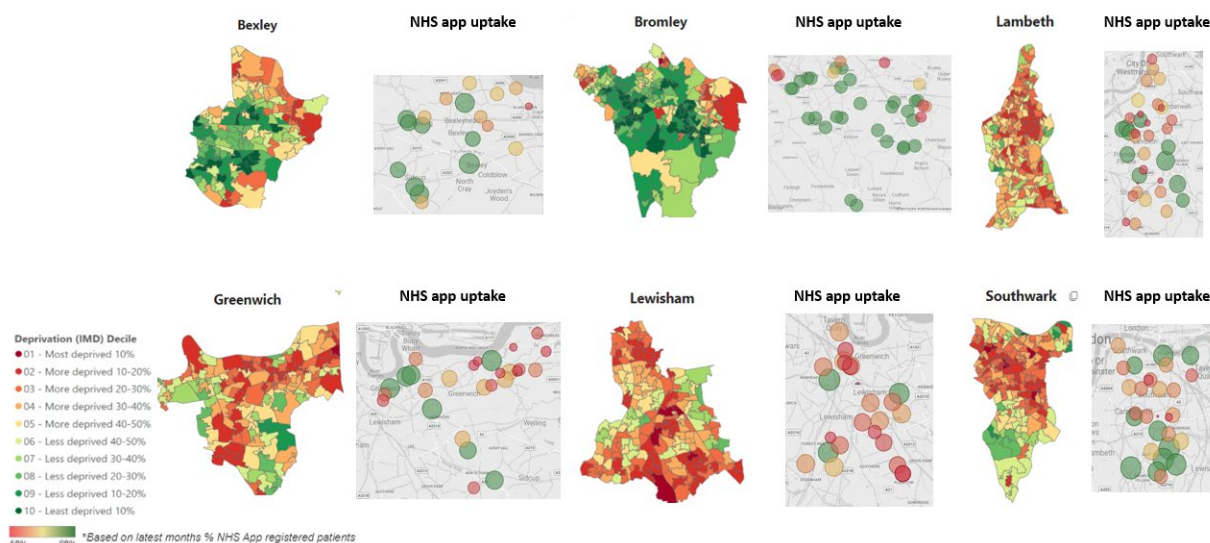
Accessibility and ease of using technology

- 7.7 The NHS Digital Inclusion Framework states that digital and assistive technology (which is the adaptation of technological devices for disabled people) can support independence, choice and control for many people and promote health and wellbeing. For example, 78% of disabled people say that having access to digital technologies is helpful or very helpful, whereas poor design and difficult content that does not respond to people's real service needs can negatively affect their experiences of healthcare. This includes disabled people, people with low literacy levels, or people who do not understand the English language well.
- 7.8 To this end, SEL ICB is strongly focussed on supporting the NHS App as the digital front door. It is recognised that there are many apps in the system that have greater functionality than the NHS App, and that these remain valuable, but SEL ICB will promote the NHS App as a front door to core functionality important to people's care (see Appendix 2 for information in the NHS Apps functionality).
- 7.9 The key aim is for the NHS App to become the digital front door of the NHS for the people of south east London.
- 7.10 Three key objectives for achieving this vision are as follows:
- Increase uptake of registrations and use of the NHS App across SEL
 - Increase the functionality available within the NHS App
 - Increase the number of providers integrating with the NHS App
- 7.11 This means that our providers can continue to use their own patient portals and associated Apps to provide enhanced functionality for people receiving ongoing care from their health services whilst ensuring that the people of SEL have a single place to access core and trusted information about their health and care.
- 7.12 The table below illustrates the progress of improving the NHS App uptake and usage in south east London. It also demonstrates that more work is to be done to achieve registration by a higher proportion of the south east London population. The data allows south east London to communicate to the community about the new functionality in the NHS App.

Key Performance Indicator	Baseline at February 2023	June 2023 Outcome	July 2023 Outcome	August 2023 Outcome	September 2023 Outcome	October 2023 Outcome	November 2023 Outcome	December 2023 Outcome	January 2024 Outcome	February 2024 Outcome	March 2024 Outcome	Change from last month
1. Registered Patients +13	51%	53.7%	54.0%	54.2%	54.5%	54.8%	55.1%	55.4%	55.8%	56.2%	56.8%	↑ 0.6%
2. No. of logins	446,448	472,423	452,340	452,644	475,593	568,381	678,074	566,947	568,123	758,317	765,769	↑ 29.8%
3. Appointments booked	6,012	7,023	7,283	7,143	7,070	8,160	7,501	6,049	5,708	9,119	7,653	↓ 1.7%
4. Appointments cancelled	1,803	2,163	2,311	2,315	2,286	3,260	3,445	2,428	2,277	3,385	3,177	↑ 6.1%
5. Repeat Prescriptions	40,979	46,607	45,728	48,512	48,565	48,530	52,993	43,721	53,152	62,272	59,233	↑ 4.9%
6. Record Views	158,122	177,931	176,646	185,725	202,709	217,719	248,524	224,317	226,428	315,340	338,866	↑ 7.5%
7. Push Notifications turned on	664,663	669,792	674,730	635,460	295,610	312,117	332,639	346,875	358,616	376,824	408,059	↑ 8.3%

- 7.13 The increased registration rate can be attributed to our practice level campaigns, SEL ICS wide marketing campaign in Q4 of 2024, and the distribution of 20,000 printed leaflets to Index of Multiple Deprivation (IMD3) areas.

- 7.3 Campaigns have run on social media including Facebook and Instagram, as well as YouTube, and leaflets distributed through GP practices and pharmacies (see Appendix 2 for more information).
- 7.4 South east London will continue to monitor uptake and usage and are working with NHSE to get more granular information to better able segmenting of the population to understand barriers to uptake.
- 7.5 As the data flows improve a more targeted approach can be taken. Where target reach data is not yet available to establish proximity, data appears to suggest areas of depravity have lower uptake of the NHS App.



Mapping community/ patient facing digital technology

- 7.6 Defining digital inclusion as raising the participation of digital solutions whilst also recognising the need for non-digital options. An understanding must be sought to determine how digital health can enable people to be empowered to manage their health and wellbeing through technological solutions and services.
- 7.7 Recent years has seen the introduction of a range of digital services to empower individuals to be more pro-active in managing their care. Understanding what is currently in place in terms of people facing digital services in south east London and use this information to explore how a more consistent, ICS-wide approach can be developed. This approach will support SEL residents navigate an increasingly complex landscape of patient facing digital services. Digital services are a key part of enabling SEL ICS strategy to help people to stay healthy and well, and is expected to help reduce costs, such as messaging and triage. The approach adopted needs to be aligned with what patients expect and need. Also, many of the people who could most benefit from digital services are the least likely to be online. It is therefore crucial that there is consideration on how to work better together to optimise digital inclusion.
- 7.8 Work is underway to develop a digital map to inform this vision. The digital map will become a rich repository of information relating to the digital systems and services patients use within south east London. The services included will range from online services for contacting General Practice, hospitals and healthcare services, through to devices monitoring health conditions and smart device Apps.

8 Conclusion

- 8.1 The discovery exercise has identified the needs of SEL ICS as mentioned in section 6.11, the exercise also highlighted best practice, scalable activity and areas for opportunities to close the gaps and can be summarised into key categories and areas of focus.
- **Digital Inclusion and Transformation:** There is a significant focus on digital inclusion and transformation across organisations. This includes the development of strategic frameworks, investment in digital resources, and the implementation of digital strategies and systems. However, there is a need for a more cohesive vision for digital inclusion and a strategic framework to guide efforts.
 - **Training and Support:** Training initiatives are in place to improve digital literacy among staff and service users. However, there is a need for more consistent and widespread training, as well as better access to digital resources. Digital Champions and Digital Inclusion Champions provide ad-hoc support, but there is a need for more consistent and available support.
 - **Feedback and Evaluation:** Feedback from service users is collected and used to improve services. However, there is a need for more effective methods of capturing and utilising feedback for service improvement.
 - **Accessibility and Inclusivity:** Efforts are being made to ensure digital systems are accessible and inclusive. However, there is a need for better integration of non-digital alternatives and more tailored services to meet the diverse needs of users.
 - **Recommendations:** To address these gaps, there is a need for a clear, cohesive vision for digital inclusion, a strategic framework to guide efforts, more consistent training and support, better integration of non-digital alternatives, and more effective methods of capturing and utilising feedback. By addressing these areas, organisations can enhance digital inclusion and ensure that digital services are accessible and beneficial to all users.
- 8.2 The scoping exercise also included supplementary question to help draw further insights which sit outside the barriers to digital inclusion. The results outlined:
- **Digital Inclusion Vision:** 56% of organisations have a vision for digital inclusion, aiming to support people in becoming more digitally included and transitioning to electronic communication methods. However, there is a lack of uniformity and clarity. A more cohesive and shared vision across organisations is necessary. There is a need to develop a clear, cohesive, and shared vision for digital inclusion across all organisations. This vision should guide the development and implementation of digital services.
 - **Strategic Frameworks:** Organisations are developing strategic frameworks to ensure digital inclusion 53% follow guidelines for digital inclusion, such as the NHS Framework and Good Things Foundations, to enhance service quality and accessibility but there is a significant need for a strategic framework to guide digital inclusion efforts. This would ensure that digital potential is maximised without widening health inequalities. This framework should guide efforts and ensure that the full potential of digital transformation is realised without widening health inequalities.
 - **Equality and Impact Assessments:** Many organisations do not conduct specific assessments for digital inclusion, which is crucial for ensuring that services are

equitable and accessible to all. These assessments can help ensure that digital services are equitable and accessible to all and can identify areas for improvement.

- **Collaboration:** The survey results suggest a moderate level of connection between organisations in working together on digital healthcare. Improved collaboration and communication are essential for tackling digital exclusion effectively. Working together can lead to more effective solutions for digital exclusion and can ensure that efforts are coordinated and aligned.

8.3 Combined with acknowledgment of the objectives set out by UK Government, the south east London Digital Strategy and the guidance set out within the NHS England National Framework for Digital Inclusion, SEL ICB is in a strong position to build on the good work already taking place across the system.

9 Action

9.1 Board Members are asked to:

- **NOTE** the work to date on digital inclusion and the conclusions drawn in section
- **SUPPORT** with the dissemination of the next phase of work (outlined in section 6.11 to 6.13 and section 8) to ensure that SEL ICS delivers a plan to remove the barriers faced to become a digitally included society through:
 - Identifying the links across the ICB and wider ICS organisations for collaboration within Southwark
 - Supporting outreach to local communities within Southwark who can be supported with digital inclusion to ensure all people needs are met
 - Promoting the Digital Inclusion agenda across the ICS to help recognise a collective vision and approach to tackling the barriers faced

Appendix 1

Working with agencies and partners who support Digital Inclusion

1 Agencies Supporting Digital Inclusion

- 1.1 There are a number of charitable organisations, which vary in size, placed across south east London and work in unison with the six boroughs. In addition, SEL ICB has strengthened relations with a number of established agencies who offer south east London ICS their support. These connections will allow SEL ICS and SEL ICB to forge strong alliances to tackle digital inclusion through collaborations and capitalising on both the experience and expertise they bring in this space. These agencies offer their services to the ICS partner organisations and to the general public directly.

Good Things Foundation

- 1.2 [Good Things Foundation](#) is a charity committed to fixing the digital divide. It supports digitally and socially excluded people to improve their lives through digital, placing digital technology and community action at the heart of everything it does. It brings together community partners to make up the online centres network, reaching deep into communities to help people across the UK gain the support and skills needed to change lives and overcome social challenges.

Work includes:

- **A National Device Bank**, which offers a secure, sustainable and socially responsible solution for corporate IT asset disposal.
- **A National Data Bank**, similar to a foodbank but for mobile data. The National Databank provides free mobile SIM cards to help digitally excluded people get connected.
- **Learn My Way** providing digital skills support helping people with low or no digital skills to gain confidence and learn how to use the internet and digital technologies.

London Office of Technology and Innovation (loti)

- 1.3 [London Office of Technology and Innovation \(loti.london\)](#) is London local government's innovation team. The team helps borough councils and the Greater London Authority (GLA) use innovation, data and technology to be high-performing organisations and improve services.
- 1.4 Membership includes 27 boroughs, the Greater London Authority and London Councils connecting colleagues online and in person, helping to share knowledge, build capacity, run projects and influence change together.
- 1.5 Working in partnership with The Mayor of London and Good Things Foundation, Loti has a programme 'Get Online London' giving Londoners free access to digital devices, data and skills so the most can be made of being online.

Clear Community Web (CCW)

- 1.6 [Clear Community Web \(CCW\)](#) is a registered social enterprise helping people feel more confident and comfortable with technology through classes, workshops and individual support primarily working with older people, vulnerable adults and carers in South London.

- 1.7 Recognising technology can be overwhelming for many people, CCW makes information as simple as possible giving people the confidence to overcome fears and anxieties.
- 1.8 CCW works closely with community groups and non-profit organisations, providing training and direct support for remote working. It enables support workers to keep in contact with vulnerable service users, share digital skills within the organisation and promote digital inclusion in CCW's network.

Citizen's Online

- 1.9 [Citizens Online](#) has a vision for an inclusive society where everyone can benefit from being online. It is working to improve digital inclusion and make digital transformation more inclusive, reducing the digital divide by helping organisations and communities ensure that the switch to online services doesn't exclude people.

Their work covers three areas:

- **Help for people** to develop digital skills and access devices and data, building digital inclusion networks, bringing organisations together to share best practice and training digital champions. It also runs a UK freephone helpline that anyone can call to get support.
- **Support for organisations** undergoing or planning digital transformation. Citizens Online help organisations to implement change and improve digital services. This helps to make them more inclusive and accessible, preventing further exclusion for the most vulnerable and increasing digital transactions, proposing sustainable solutions, by embedding digital inclusion into everyday practice.
- **Research** to understand more about digital exclusion, and encourage innovative, sustainable solutions. The research is published to benefit the digital inclusion sector, led by the lived experience of the people they support and a user panel.

Healthwatch

- 1.10 [Healthwatch](#) champion health and social care and ensure that NHS leaders and other decision makers hear the people's voice and use feedback to improve care.
- 1.11 Last year Healthwatch helped over 1.5 million people have their say and get the support needed. It uses feedback to better understand the challenges facing the NHS and other care providers nationally, to make sure experiences improve health and care services for everyone. It also helps individuals to get the information and advice needed to make the right decisions and to get the right support.
- 1.12 Healthwatch operates in England and are entirely independent and impartial; any information shared is confidential.

NHS England

- 1.13 [NHS England](#) work with the wider NHS and partners to optimise the use of digital technology, research and innovation, and to deliver value for money and increased productivity and efficiency.
- 1.14 The establishment of Integrated Care Boards within Integrated Care Systems, which are made up of public services that provide health and care, means that NHS England is changing the way it works to best support and empower local system partners to deliver on their responsibilities.

2 South London Listens: Tackling social isolation, loneliness and digital inclusion

- 2.1 South East London ICB, has engaged with over 10,000 local people through [South London Listens](#) (SLL) and has set tackling social isolation, loneliness and digital inclusion as one of [four core priorities](#) of the programme. The team has been working with NHS England to help shape a wider programme of digital inclusion and build a library of best practices, helping to identify opportunities for organisations to donate equipment or train people in digital skills.
- 2.2 South East London Integrated Care Board formally launched a South East London Anchor Alliance in April 2023. The alliance brings together anchor institutions in south east London including NHS trusts, councils and universities, to explore opportunities to work together on the social determinants of health and use their collective influence and resources to reduce inequalities for the local community. The programme works closely with South London Listens (SLL) to deliver against community priorities.
- 2.3 A high-level three-part plan has been developed to use the insight and bring together the work to-date to maintain momentum on work with local communities. This plan will utilise SLL programme approach and the reach communities to support the implementation of digital inclusion strategies and projects at a local level across south east London. Following discussions in partnership with ICB leadership, a more in-depth plan will be collectively developed.

Expanding the reach of existing SLL work with target populations

- 2.4 Working with councils to expand a pilot in Greenwich of free Wi-Fi for those in temporary accommodation. Initially continuing discussions with Lewisham and begin work with the four remaining boroughs
- 2.5 Use SLL networks to support the scale up of the Community Tech Aid⁶ project beyond Lambeth and Southwark working with NHS partners to repurpose equipment – as led by the Chief Digital Officer
- 2.6 Explore an evaluated pilot of Wi-Fi provision to Be Well hubs in delivering their work – focusing on reaching communities, exploring the connection of existing Champions programmes with our Be Well model
- 2.7 Partnering with the two Mental Health Trust Recovery Colleges on a digital inclusion training programme for community members – building on the digital champions work already developed across the NHS
- 2.8 Work with Be Well networks to test the development of local digital networks – utilising tools like WhatsApp to improve connection and digital inclusion within communities at a hyperlocal level

Targeted support offer to Local Care Partnerships to develop local solutions

- 2.9 Through the SLL network to support people in their communities with the adoption and local translation of system-wide digital inclusion initiatives to ensure that system-wide initiatives are tailored to the targeted population. This work can be done in partnership with Healthwatch, to build on existing insights and policy development underway.

⁶ [What We Do | Community TechAid](#)

- 2.10 Utilise the community health organising methodology of South London Listens and 'cycle of action' approach to understand needs within communities and co-develop local priorities and initiatives – focusing in particular on building a greater understanding of those who are digitally excluded and seeking solutions to ensure health inequalities are reduced and not widened. This is work done in partnership with VCSE and statutory organisations, alongside partners such as Healthwatch.

Embedding digital inclusion in the delivery of the SEL ICB Anchor System Programme

- 2.11 Building on the scale and reach of anchor institutions through the SEL ICB Anchor Alliance to identify and support initiatives to improve digital inclusion as a driver of socioeconomic equity. This includes the following:
- Exploring the role of digital inclusion in existing programme priorities such as widening participation in health and care careers, championing English for speakers of other languages (ESOL) and reducing health inequalities for people experiencing housing injustice.
 - Use the Anchor Alliance to share learning and good practice around digital inclusion for staff, service users and wider communities.
 - Explore options for working alongside large tech businesses operating in south east London to support expansion of digital inclusion initiatives.
 - Explore potential for a 1,000 hours volunteer programme from trust and Local Authority partner organisations to run digital learning / advice workshops.

Appendix 2

NHS App as the Digital Front Door

1 SEL ICB is strongly focussed on supporting the NHS App as the digital front door


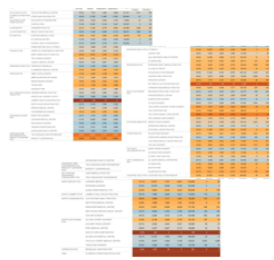




1.1 The NHS App functionality includes:

- register for a GP online
- book GP appointments
- complete online consultation forms (contact the GP)
- view own GP health record
- view test results
- receive messages from healthcare professionals
- register for health research
- link accounts to help family members and carers
- access health services on behalf of other people
- access Personal Health Record (PHR)
- view prescription information
- order repeat prescriptions
- view, set, or change nominated pharmacy (to collect prescriptions)
- find NHS services nearby
- access NHS 111 online
- book and manage COVID-19 and flu vaccinations
- manage organ donation decisions
- get health advice using the health A-Z on the NHS website
- choose and manage how own data is used and shared



1.2 Summary of the planned promotional work from May 2024:

<p>Bus back adverts May 24 – June 24</p>  <p>These adverts are live across 29 buses in South East London and we estimate they will be seen by over 1 million people.</p>	<p>Individual Action plans for practices with low NHS App May 24 – Mar 25</p>  <p>The digital team is working with the borough change managers on a specific approach to target the practices in each borough below 57% registration rate</p>	<p>NHS App landing page in Practices NHS Wi-Fi May 24 – ongoing</p>  <p>Whenever someone connects to the free NHS Wi-Fi in a GP practice in SEL, they are redirected to the link to download the NHS App</p>	<p>Local Authority Magazines June 24 – Mar 25</p>  <p>Following the discontinuation of the Local magazine in Greenwich after the summer edition, additional adverts will be displayed on the Big Screen in Woolwich Town Centre.</p>
---	--	---	--

1.3 Summary of further NHS App promotional work taking place from June onwards:

<p>Social Media Campaign on X June 24 – August 24</p>  <p>An advert on X promoting the NHS App targeting those who do not use META (Facebook and Instagram). Plan to promote also via SEL official X accounts</p>	<p>Internal campaign for SEL ICB colleagues July 24 – September 24</p>  <p>Work with Digital communications lead on an internal campaign and training to encourage SEL colleagues to download and use the NHS App. Training for practice staff will continue throughout this financial year</p>	<p>The Good Things Foundation June 24 – September 24</p>  <p>Good Things Foundation is a charity with the objective to make the benefits of digital technology more accessible. Networks will provide patients with information on how to register with the NHS, how to use the NHS App, how to navigate the repeat prescription service, how to navigate the help section of the app and how to complete online consultations. They have several networks across SEL.</p>	<p>Partner with the Educational setting September 24 onwards</p> <p>Secondary School Social network</p> <p>Working with secondary schools to add the NHS app campaign to their Instagram and other social media pages for 13+ to Register and help their parents/ grandparents to register</p>
---	---	--	---

Date: 14 May 2024
Ref: 12019917.95

Dated

14 MAY 2024

NORTH CENTRAL LONDON ICB

DUE DILIGENCE SUMMARY REPORT

CONFIDENTIAL AND SUBJECT TO LEGAL PROFESSIONAL PRIVILEGE

This report is confidential and subject to legal professional privilege, the benefit of which belongs to NHS North Central London Integrated Care Board.

Should NHS North Central London Integrated Care Board publish this report or its contents, or share this report or its contents with any third party, this is for a specific and limited purpose and does not amount to any waiver of confidentiality or privilege by NHS North Central London Integrated Care Board in general or in respect of any other confidential and/or privileged documents, whether relating to and/or in connection with the subject matter of this report or not.

North Central London ICB Due Diligence Summary Report

1 INTRODUCTION

- 1.1 North Central London ICB (the **ICB**) asked Hill Dickinson (**HD**) to undertake a due diligence exercise in relation to the change in control request received by the ICB from Operose Health Limited¹ (**Operose**), which described a sale of Operose by Centene Corporation² (the **Seller**) to T20 Osprey Midco Ltd³ (the **Buyer**) (the **Change of Control**).
- 1.2 The Buyer is part of the same group of companies as HCRG Care Ltd⁴, an existing provider of APMS contracts to the NHS. HCRG Care Ltd (through its holding company⁵) and the Buyer are both owned by T20 Pioneer Midco Limited⁶.
- 1.3 Operose requested the consent for the Change of Control on behalf of its subsidiary company, AT Medics Limited⁷ (**AT Medics**), which holds the APMS contracts commissioned by the ICB (and other ICBs).
- 1.4 This due diligence (**DD**) exercise was undertaken in connection with the requirement under the APMS contracts for AT Medics to obtain the ICB's prior authorisation before undergoing a change of control.
- 1.5 We set out as appendices to this report the timeline of events to date, the questions asked of Operose (the **DDQs**), and information provided by Operose in response to such questions (the **DD Responses**).
- 1.6 This report contains the following sections:

1	Introduction & Contents
2	Our findings
3	Additional Information
Appendix 1	HD Input
Appendix 2	Structure Chart of the Buyer and HRCG group
Appendix 3	DD Responses
Appendix 4	Letter requesting consent

¹ Company no. 10014577

² A publicly traded company incorporated in the United States with an address 7700 Forsyth Blvd., St Louis, MO 63105, USA.

³ Company no. 15294854

⁴ Company no. 05466033

⁵ HCRG Care Group Holdings Ltd - company no. 03201165

⁶ Company no. 14266834

⁷ Company no. 05057581

2 OUR FINDINGS

We set out below our findings based on the responses and information provided by Operose and also based on our searches (see Appendix 1 for the approach to this). Please note that HD has not independently verified the information provided by Operose, though we have not seen any indication that the factual information provided is incorrect.

2.1 Corporate Structure

- 2.1.1 Please see **Appendix 2**. The DD responses received, including the structure chart at Appendix 2, show the corporate structure that Operose sits within.
- 2.1.2 This is a large group structure, with two corporate entities as the ultimate beneficial owners of the whole Group (IJMH Limited⁸, Twenty 20 Capital Limited⁹). IJMH Limited is controlled by Ian James Munro, an individual who is a British national and resident of England. Twenty 20 Capital Limited is controlled by Tristan Nicholas Ramus, an individual who is a British national and resident of England.
- 2.1.3 In the new structure, 100% of the shares in Operose, and a 1% minority interest in AT Medics, are owned by the Buyer. In the new structure, Operose sits underneath the Buyer (a special purpose vehicle used only as a holding company for Operose), and shares a holding company with HCRG Care Group Holdings Ltd¹⁰, but is not directly linked. Operose confirmed that the Buyer is registered, managed, and is paying tax in the United Kingdom.
- 2.1.4 The Buyer refers to HCRG Care Group in some of its responses. HCRG Care Group is a description of the various entities in the company group, including HCRG Care Group Holdings Ltd and its subsidiaries (including Peninsula Health LLP – see Structure Chart). We understand that HCRG Care Group was “leading the process” with Operose. We also understand that it is intended that the Operose group, in the ownership of the Buyer, will operate as a separate business division to the HCRG Care Group (see next).

2.2 Operational running of the Business

- 2.2.1 The Buyer's group (T20 Pioneer Midco Ltd and its subsidiaries) operates two main businesses, being HCRG Care Group which provides health and care services to NHS and local authorities, and HCRG Workforce and Sugarman Holdings Limited¹¹, which provides staffing services and workforce solutions to NHS Trusts and Local Authorities.
- 2.2.2 It is intended that Operose and AT Medics will continue to operate as a financially sustainable standalone business focused on delivery of primary care services following the Change of Control, and that the arrangements relating to staffing and data protection in particular will remain the same.
- 2.2.3 HCRG Care Group Holdings Ltd has been one of the largest independent providers of primary and community services to the NHS and Local Authorities since 2006. Operose referenced experience in the healthcare sector in its responses, and in particular noted that HCRG Care Services Ltd holds APMS contracts currently. Many of the DD Responses are provided on the basis that the ICB should seek

⁸ Company no. 11409826

⁹ Company no. 11455082

¹⁰ Company no. 03201165

¹¹ Company no.13184278 (note: the name of this company changed in April 2024, and so the Structure Chart shows the previous name).

assurance from the business and performance of the HCRG Group, since Operose sits within the same overall corporate group which houses HCRG Group.

- 2.2.4 Please see **the responses in Appendix 3** - Operose notes that following the Change of Control, there will be an aim for closer working within the Group, including that HCRG Workforce Solutions (a subsidiary of HCRG Care Ltd) may provide staffing services, and Sugarman Occupational Health (a subsidiary of HCRG Care Ltd) may provide such services to staff.
- 2.2.5 It is intended, subject to confirmation by the management team at Operose of sufficient capacity, that within 12 months of the Change of Control, all of the APMS services provided by the companies within the HCRG Care Group will transfer to management by Operose.
- 2.2.6 Operose confirmed that, though there are no planned governance changes (except for necessary removal of directors from Operose), it is possible that opportunities to combine the governance functions of the organisations may be identified in the future.

2.3 Compliance

- 2.3.1 As a recently established special purpose vehicle, and a holding company, the Buyer itself does not hold licences or consents or provide regulated healthcare services itself.
- 2.3.2 Operose confirmed no changes will be needed to licences and consents required to carry on the business. Operose did not provide currently held licences/ consents.
- 2.3.3 Operose provided copies of the Buyer's Anti-bribery and Fraud policies and also set out the procedures in place for compliance with data protection laws, but those are for companies within the HCRG Care Group and so were provided for context/ information as we understand it. The Operose policies will remain in place for Operose and its subsidiaries (and so there is no anticipated changes in the way that Operose will approach these issues).
- 2.3.4 Operose confirmed that there is no intention to transfer data outside of the UK, and there is no planned transfer of assets or data generally.
- 2.3.5 HCRG Care Services Ltd is regulated by the CQC and currently rated "Good" overall, "Good" in the domains of "Safe", "Effective", "Caring", "Responsive" and "Outstanding" in the domain of "Well-led".
- 2.3.6 HCRG Care Group is subject to oversight by NHS England within its Hard to Replace oversight framework, though we have not seen evidence of this. NHS England have confirmed that Operose Health Ltd and its subsidiaries including AT Medics Limited and AT Medics Holdings LLP will form part of the NHS England monitoring process going forward. The companies will report on a quarterly basis with the HCRG Care Group from 1 April 2024.

2.4 Liabilities

- 2.4.1 Operose confirmed that, other than ongoing medical claims which are part of the usual running of a health and care service provider (in respect of HCRG Care Group), there is no ongoing or threatened litigation, arbitration, mediation or similar disputes, proceedings, judgments, orders, findings or decisions of a regulatory body which could affect the Buyer or its business.

2.5 Staffing

- 2.5.1 As of 30 September 2024 there were 1,219.9 FTE employees of Operose, and the headcount for Operose was 1,574. Operose confirmed that it will continue to operate

as before, and that there is no change of employer and so TUPE is not engaged. Operose also provided information relating to the stability of the workforce, and in particular, the Buyer cites awards won or shortlisted for in the last 10 months.

- 2.5.2 Operose confirmed that there is no intention to change or merge the operating models of HCRG Care Group and Operose Health, including with regards to the use of Physician Associate roles. Operose described the services provided within HCRG Care Group, and by Operose, as well reviewed by regulators and confirmed that the intention is not to merge the operating models of HCRG Care Group and Operose, but instead to continue to provide high quality care within both organisations.

2.6 Financial

- 2.6.1 HD has not reviewed the financial documents provided as part of the DD Responses from an accounting perspective, but has reviewed them with a view to flagging high level legal risks.
- 2.6.2 Operose provided the financial details of the Buyer for the financial year ending April 2023, but at the time of the response the Buyer had not yet published audited accounts as it is a special purpose vehicle which was established within the previous year to hold the shares in health and care services businesses. Operose provided unaudited accounts for the period ending 31 March 2023. Operose also provided an overview of the financial position for HCRG Care Group which is relevant to the Change of Control as the Buyer has linked the different group companies throughout the process.
- 2.6.3 All companies above Operose in the new structure, as well as HCRG Care Group Holdings Ltd and HCRG Care Ltd (see the full companies list in paragraph 1.4 of Appendix 1), have a complete Statement of Good Standing (which shows that, at the date of the statement, there are no relevant liquidation or other arrangements pending, and that the companies are in existence). The World Check searches came back for all of the companies listed below as clear, which means that the searches did not expose any potential criminality, Politically Exposed Persons (PEPs) or heightened risk individuals and organisations being involved in any of the companies.
- 2.6.4 All companies above Operose in the new structure, as well as HCRG Care Group Holdings Ltd and HCRG Care Ltd, also have clear insolvency checks, which shows that there are no winding up actions (current or past, being within the last 36 months, including notice of intention to appoint an administrator), published insolvency notices, relevant entries in the filing history, and charges, though there are charges listed on each which the ICB may find relevant or want to be aware of.
- 2.6.5 We noted to Operose that the Companies House documents for AT Medics Limited and AT Medics Holdings LLP, showed that a charge was registered against both on 13 March 2024 for the benefit of HSBC bank. We asked Operose for details of this, and they noted that T20 Osprey Midco Ltd, the parent company of Operose Health Limited, and its sister company HCRG Care Group Holdings Ltd, refinanced existing group debt with HSBC UK Bank in March 2024. Therefore, AT Medics are now subject to additional potential liabilities following the Change of Control, relating to pre-existing debt of the Buyer's group. However, we have been unable to ascertain the extent or significance of these liabilities.

3 ADDITIONAL INFORMATION

- 3.1 For your information/ further reading if required, a PDF of all information provided by Operose in this DD exercise, as well as the Companies House searches referenced in Appendix 1 accompanies this report.

APPENDIX 1: HD INPUT

APPROACH TO DDQS AND RESPONSES

1.1 HD and the ICB formed a view on what would be an appropriate level of due diligence for the Change of Control. This decision was made by reference to previous examples of similar changes in control/ decisions made.

1.2 Please see the timeline below.

30/11/2023	Change of Control letters issued to commissioners.
12/09/2023	Due diligence questionnaire sent out to Operose ("DDQ 1")
06/12/2023	Response received from Operose.
28/12/2023	Change in control takes place.
19/02/2024	Supplementary due diligence response sent out to Operose.
06/03/2024	Supplementary due diligence response received from Operose.
15/03/2024	Change in control notified to ICB by email.
19/04/2024	Further due diligence questions sent out to Operose.
25/04/2024	Response received from Operose.

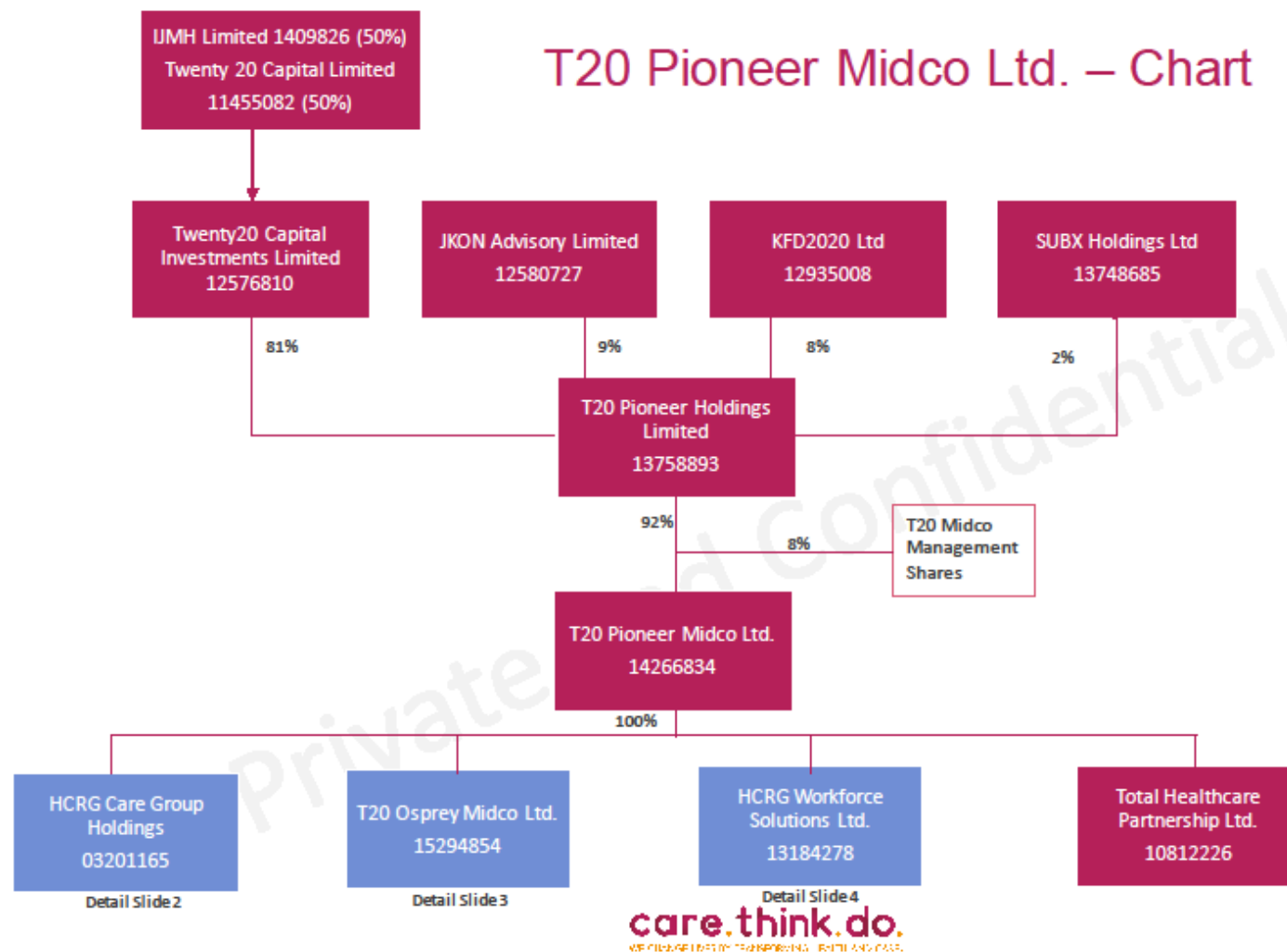
1.3 HD was asked to undertake searches/ requests as follows:

- Companies House Certificates of Good Standing,
- Bankruptcy Searches, and
- World Check Reports.

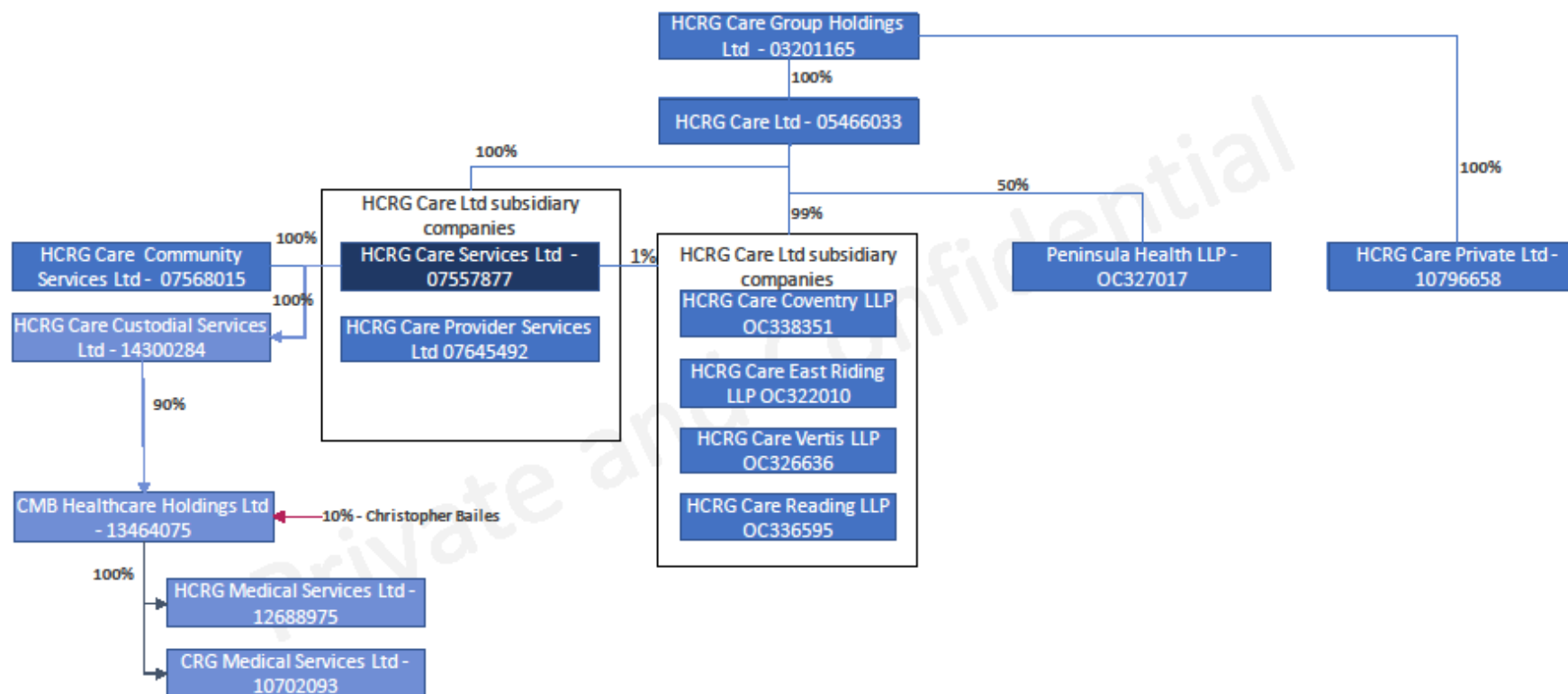
1.4 We determined that the most relevant companies for these searches would be all companies up the chain on the company structure chart provided, up to the ultimate owners of Operose Health Ltd should be reviewed. We also considered that it would be helpful to review HCRG Care Ltd and HCRG Care Group Holdings Ltd as much of the due diligence response received had referred to the success/ standing of those companies. We have listed these companies in full below for reference:

- IJMH Limited (11409826)
- Twenty 20 Capital Limited (11455082)
- Twenty20 Capital Investments Limited (12576810)
- JKON Advisory Limited (12580727)
- KFD2020 Ltd (12935008)
- SUBX Holdings Ltd (13748685)
- T20 Pioneer Holdings Limited (13758893)
- T20 Pioneer Midco Limited. (14266834)
- T20 Osprey Midco Ltd. (15294854)
- HCRG Care Ltd (05466033)
- HCRG Care Group Holdings Ltd (03201165)

APPENDIX 2: STRUCTURE CHART

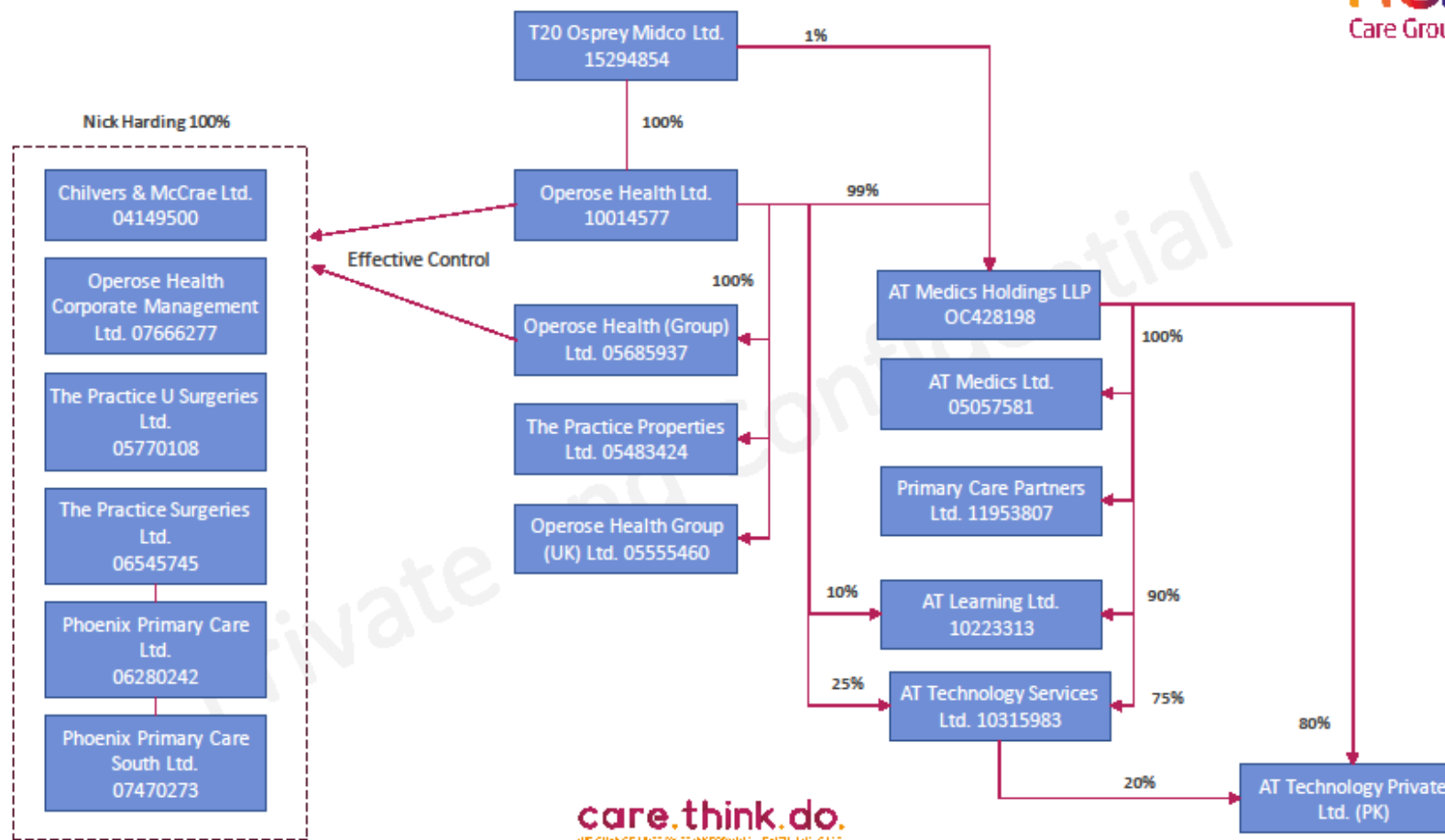


HCRG Care Group - Detail

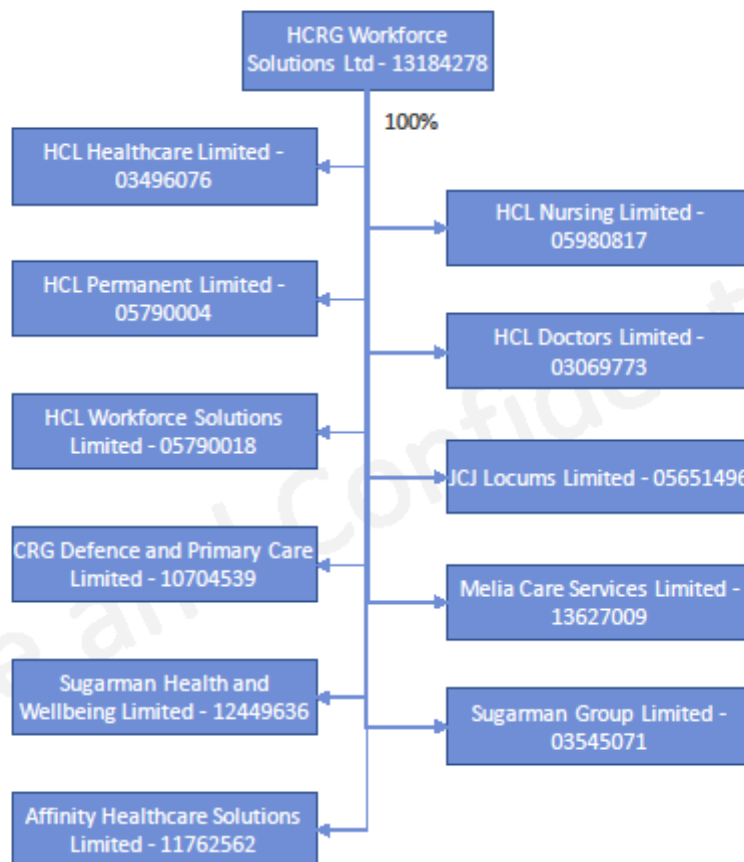


care.think.do.
UK REGISTRATION NUMBER: 10796658

T20 Osprey Midco – Detail (Operose)



HCRG Workforce Solutions - Detail



care.think.do.
WE CHOOSE LIFE BY TRANSFORMING HEALTH AND CARE.

APPENDIX 3: RESPONSES

1 RESPONSE RECEIVED 6.12.2023

Note: Included with the response at 5.4 was a comment from the Buyer as follows:
 “The only entity licensed w/ NHSE is HCRG Care Services Limited.”

#	Question	Buyer Response
1		
1.1	Confirmation of the company(s) to whom Centene proposes to transfer its Operose Health shares (the Buyer), including the Company House details for a UK-based entity, or equivalent if the company is based elsewhere.	<p>The Buyer will be a special purpose vehicle holding company as part of our health and care group, through the entity T20 Osprey Midco Limited (registered with Companies House in England and Wales number 15294854 at 33 Soho Square, London, W1D 3QU).</p> <p>The largest company within the Buyer’s Group and that leading the process with Operose Health Limited (<i>‘Operose Health’</i>) is HCRG Care Group, an NHS England accredited and licenced “Hard to Replace” provider of community services which has been supplying clinical services to the NHS and Local Authorities since 2006.</p> <p>Other group companies also contract extensively with the NHS to deliver on-framework staffing and care services.</p>
1.2	Brief details of the Buyer’s branches, agencies and places of business in the UK and elsewhere, and the nature of its businesses.	<p>The Buyer is registered, managed, operating and paying tax in the UK. The Buyer primarily contracts with the NHS, Local Authorities and others for the provision of health and care services.</p> <p>The Buyer currently operates two main business lines:</p> <p>HCRG Care Group – The provision of health and care services to the NHS and Local Authorities. This business line is the largest, and is the entity leading the transaction with Operose Health.</p> <p>HCRG Workforce Solutions – The provision of staffing services and workforce solutions (including the provision of complex care support in patients’ homes) to NHS Trusts and Local Authorities.</p> <p>We enclose a map (1-2 Service Location</p>

#	Question	Buyer Response
		Map.pdf) detailing the locations of services operated by the Group.
1.3	A full structure chart showing the Buyer and all of its holding companies and its subsidiaries (each a "Group Company").	A structure chart is enclosed (1-3 Group Structure Chart.pdf). The Buyer and its holding companies are registered, managed and pays tax in the UK.
1.4	Copies of the Buyer's register of members, register of directors and register of persons with significant control.	A copy of the register of members, register of directors and register of persons with significant control is enclosed (1-4 PSC Register.pdf, 1-4 Register of Directors.pdf, 1-4 Register of members.pdf).
1.5	Confirmation of which Group Companies will have membership interests in Operose Health, and the proposed percentage of shares being transferred.	T20 Osprey Midco Limited will acquire 100% of the shares of Operose Health Limited and a 1% minority interest in AT Medics Holdings LLP, the holding company of AT Medics Limited.
1.6	Confirmation of the ultimate beneficial owners of the Buyer (i.e., the ultimate owners of any of the Buyer's holding companies).	Structure chart provided at 1.3 provides this detail (1-3 Group Structure Chart.pdf).
2		
2.1	<p>A brief description of the business of each Group Company in the UK including a summary of contracts for NHS services held by each such Group Company. In particular, detail any existing or prior experience of any Group Company in running GP practices, including:</p> <ol style="list-style-type: none"> Number of contracts held, Length of the contracts, and Commissioning organisations. 	<p>HCRG Care Group is one of the largest independent providers of primary and community services to the NHS and Local Authorities and has been part of the health and care system in England since 2006.</p> <p>The company holds more than 50 contracts with the NHS and local authorities to deliver community health and care services and employs more than 5,000 people delivering services ranging from District Nursing to Community Hospital Wards to Sexual Health and Health Visiting and School Nursing services.</p> <p>The company has operated primary care services for more than a decade, predominantly holding APMS contracts and successfully working closely with commissioners to transform or improve challenged services.</p> <p>All primary care services operated by the organisation are rated "Good" or "Outstanding" by the CQC.</p> <ol style="list-style-type: none"> Entities within the HCRG Care Group currently hold contracts to operate 13 primary and urgent care

187804214.1

#	Question	Buyer Response
		<p>services.</p> <p>b. Contract lengths vary from between 2 years and 13 years in total with an earliest start date of 1 May 2011. Of 10 contracts held, 6 have expired already or are due to expire on 31 March 2023 but have verbal or written intent to extend, with paperwork awaited. The remaining 4 are due to end on 31 March 2026.</p> <p>c. The services are commissioned by Birmingham and Solihull ICB, Buckinghamshire Oxfordshire and Berkshire West ICB, Coventry and Warwickshire ICB, and Mid and South Essex ICB.</p> <p>It is intended, subject to confirmation by Operose Health Management of sufficient capacity, that within 12 months of the transaction completing HCRG Care Group's current primary care services will transfer to Operose Health Management.</p> <p>The attached document (2-1 Primary Care Induction.pdf) is taken from HCRG Care Group's new Colleague Induction and provides details of the culture, values, successes and structure of HCRG Care Group's primary care operation.</p>
187804214.1	2.2 Names of any UK company or businesses which were formerly a Group Company but have been wound up or sold within the last three years.	<p>During 2020, HCRG Care Group (then known as Virgin Care) undertook a project to simplify its corporate structure. As part of this, legal entities which no longer held contracts (where these had been transferred to another Group legal entity, ended or transferred to another provider) were wound down. There have been no winding up proceedings initiated by third parties.</p> <p>The entities which were wound down as part of this exercise were:</p> <ul style="list-style-type: none"> ▪ Virgin Care Corporate Services Limited ▪ VH Doctors Ltd ▪ Virgin Care Hampshire Health LLP ▪ Virgin Care Leeds LLP ▪ Virgin Care Chelmsford LLP
2.3	A brief description of any services provided by any Group Company to Operose Health or AT Medics Ltd and whether any such services will be	The Buyer and HCRG Care Group does not provide any services to Operose Health or AT Medics Ltd.

#	Question	Buyer Response
	affected by the change in control.	
2.4	Confirmation of whether any data or other assets currently held by Operose Health or AT Medics Ltd will be transferred to any Group Company and in particular any Group Company outside the UK.	There is no transfer of data outside the UK. Operose Health and AT Medics will operate in line with current status quo and, therefore, there is no transfer of assets, within or outside of the UK.
2.5	Confirmation that no changes in the governance structure or management of Operose Health, or AT Medics Ltd, including of its directors, are proposed.	<p>There are no proposed changes to the governance structure or management of Operose Health or AT Medics Ltd as part of the transaction. There will be necessary changes to directors appointed by the current ultimate controlling party Centene Corporation. These individuals will resign as directors when the transaction completes, and the Buyer will appoint replacements.</p> <p>As Operose Health joins an established and experienced group of health and care organisations with governance arrangements praised by the CQC, it is possible that opportunities to combine the governance functions of the organisations may be identified in the future. Any changes would, of course, be carefully managed to maintain safety and Operose Health Management Team would continue to engage with commissioners regarding any changes as they would today.</p>
3		
3.1	Details of, and copies of all documents relating to, any licences, consents, registrations, approvals, permits and exemptions (whether public or private) required or obtained by the Buyer in connection with the operation of its business, insofar as it is relevant to the AT Medics Ltd contract ("Consents").	<p>Copies of various licences, consents, registrations, approvals, permits and exemptions are attached.</p> <p>While Operose Health and AT Medics will continue to operate, HCRG Care Group presently operates 7 APMS primary and urgent care services for the NHS and has significant experience of governing and delivering these types of services.</p>
3.2	Will any of the Consents be affected by the proposed change of control? If yes, please provide details.	No.
3.3	Details of, and copies of all documents relating to, any investigation, enquiry, prosecution or other enforcement proceedings or process by any governmental, administrative, regulatory	There have been none.

187804214.1

#	Question	Buyer Response
	or other body or organisation in relation to or affecting the Buyer or its business and details of any facts or circumstances that may give rise to any such matters.	
3.4	Details of any matter or circumstance that constitutes, or may constitute, a contravention or breach by the Buyer (or any of its officers, agents or employees) of the provisions of any Consent, statute, order or regulation made in the UK, and copies of all related documents.	There have been none.
3.5	Details of, and copies of all documents relating to, any anti- corruption policies and procedures that have been implemented by the Buyer to ensure compliance with the Bribery Act 2010.	<p>We enclose a copy of the relevant policy (3-5 Anti Bribery and Anti Fraud Policy.pdf).</p> <p>The Buyer regularly demonstrates its governance and compliance with these regulations as part of tenders operated by the NHS and local authorities.</p>
3.6	Details of the Buyer's procedures for ensuring and monitoring compliance with applicable data protection legislation.	<p>HCRG Care Group is an experienced provider of health and care services and has a comprehensive set of procedures and policies to ensure its compliance with data protection legislation.</p> <p>The organisation has been awarded "Substantial Assurance" – the highest possible accreditation level – for handling information and data security against the NHS Data Protection and Security Toolkit.</p> <p>The organisation employs a dedicated Information Security team within its IT function as well as contracting with external experts to meet, and exceed, the relevant standards.</p>
4		
4.1	Details of any ongoing or threatened litigation, arbitration, mediation or similar proceedings or disputes involving or otherwise affecting the Buyer or its business which may be reasonably considered to be material in relation to us.	<p>The Buyer has no ongoing or threatened litigation, arbitration, medication or similar proceedings or disputes.</p> <p>HCRG Care Group, as a provider of health and care services, has from time to time ongoing or threatened medical claims. All claims are subject to rigorous internal investigation by our clinical quality, legal, governance and Customer Experience teams to establish the circumstances of each claim and lessons learned are escalated and disseminated within the organisation to avoid recurrence.</p>

187804214.1

#	Question	Buyer Response
		Each claim is covered by insurance policies and none of these cases would be considered material in relation to this transaction.
4.2	Details of, and copies of all documents relating to, any outstanding or pending judgment, order, finding or decision of any court or regulatory body affecting the Buyer or its business.	There are no outstanding or pending judgements, orders, findings or decisions of any court or regulatory body which could affect the Buyer or its business.
5		
5.1	How many employees are employed by Operose Health? How many of those employees are involved in the provision of services by Operose Health (and AT Medics)?	<p>As at 30-Sep-23:</p> <ul style="list-style-type: none"> ▪ FTE = 1,219.9 ▪ Headcount = 1,574 <p>All employees are involved in the provision of services by Operose Health (and AT Medics).</p>
5.2	Is Operose Health contracting with any other entities which supply staff needed to deliver the APMS contract, and if so, please confirm details of any such contracting arrangements.	No sub-contracting arrangements are in place for core APMS contracts.
5.3	Will there be any change to the staff working with Operose Health , or AT Medics? Confirm if TUPE will apply to the transfer.	<p>As the Buyer will acquire 100% of the shares in Operose Health and a 1% minority interest in AT Medics Holdings LLP, and Operose Health and AT Medics Limited will continue to operate as previously, there is no change of employer and TUPE is not, therefore, engaged.</p> <p>At the point of the transaction, there are no changes proposed to the staff working within Operose Health or AT Medics.</p>
5.4	<p>Does the Buyer run any equivalent healthcare businesses, and if so, please provide any information which could be relevant to understanding their workforce model, including:</p> <ol style="list-style-type: none"> a. Stability of the workforce, b. Number of employed to temporary staff, c. Temporary staff and how the Buyer anticipates they will be affected. 	<p>Yes. HCRG Care Group operates 21 primary care and urgent care services alongside a wide range of community services for adults and children for the NHS and Local Authorities. As a result, HCRG Care Services Limited is licenced and monitored by NHS England under the 'Hard to Replace' provider regime.</p> <p>HCRG Care Group employs more than 5,000 people in the delivery of these services with the majority of staff employed on a substantive basis. Colleagues are employed on market-competitive terms, and receive a full range of benefits.</p> <p>The organisation has been shortlisted or won several awards during the last 10</p>

187804214.1

#	Question	Buyer Response
187804214.1		<p>months for its employee support and benefit programmes, including winning “Best Cost of Living Response” at the CIPP Annual Excellence Awards and has been shortlisted for Best Employer for Diversity and Inclusion at the Nursing Times Awards for its comprehensive menopause support programme and policies.</p> <p>The organisation is also able to definitively demonstrate that it is an attractive employer within the sector, despite sector-wide shortages of professionals and has welcomed an additional 50WTE colleagues to its team since 1 April 2023.</p> <p>HCRG Care Group closely monitors key workforce metrics ensuring visibility at every level of the business from floor to board. Turnover, sickness and other key metrics are comparable with the broader health and care sector.</p> <p>In addition to a stable workforce model, the organisation has been commended for its ability to deliver improved health outcomes and high quality services in partnership with commissioners over many years. For example:</p> <ul style="list-style-type: none"> • Following being awarded a contract to create and run Wiltshire-focused children’s services in 2017, Wiltshire Council have renewed for another five years until 2029 • Essex County Council have extended their contract to deliver improved outcomes for families for a further 3 years • Coventry City Council and Warwickshire County Council have appointed us to deliver the largest sexual health contract across their areas, following the successful transformation and delivery over several years in Teesside, Greater Manchester and Lincolnshire. <p>97% of the organisation’s services rated by CQC hold “good” or “outstanding”</p>

#	Question	Buyer Response
		ratings, higher than the industry average, and reflecting the organisation's track record of transforming and improving the services it takes on.
6		
6.1	<p>Details on the financial position for the past three years of the Buyer and the Group Companies, including in particular:</p> <ul style="list-style-type: none"> - Income and Expenditure, - Profit and Loss; - Debts; - Information held pertaining to bankruptcy and/or liquidation which could be deemed relevant. 	<p>Please see the attached information relating to HCRG Care Group's financial performance over the last three years demonstrating a robust and sustainable financial approach to the delivery of primary and community services (6-1 <i>Financial Position.pdf</i>).</p> <p>As a non-trading holding company established within the last year to hold the shares in health and care services businesses, T20 Osprey Midco Limited has not yet published audited accounts.</p> <p>The use of the holding company increases resilience and reduces risks and has been and continues to be subject to oversight by NHS England within its Hard to Replace oversight framework.</p> <p>There are no concerns raised via the Hard to Replace oversight framework.</p>
6.2	<p>Details of the impact any failure of the Buyer or any would have on the ability of AT Medics Ltd to continue to deliver the APMS contract.</p>	<p>It is intended that Operose Health and AT Medics will continue to operate as a financially sustainable standalone services focused on delivery of primary care services, and therefore there would be no impact of the failure of the Buyer (or any other Group company) on the continuing ability of Operose Health to continue delivery of the APMS contracts.</p> <p>In addition, HCRG Care Group is scrutinised closely and regularly by NHS England as a result of its designation as a Hard to Replace Provider and commissioners can therefore be assured by the significant oversight of the Group's affairs and its strong financial performance, given the lack of concerns raised through this process to date.</p>

187804214.1

2 RESPONSE RECEIVED 06.03.2024

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
1			
1.1	Confirmation of the company(s) to whom Centene proposes to transfer its Operose Health shares (the Buyer), including the Company House details for a UK-based entity, or equivalent if the company is based elsewhere.	n/a	<p>The Buyer is a special purpose vehicle holding company as part of our health and care group, through the entity T20 Osprey Midco Limited (registered with Companies House in England and Wales number 15294854 at 33 Soho Square, London, W1D 3QU).</p> <p>The largest company within the Buyer's Group (T20 Pioneer Midco Limited and its subsidiary companies) and that leading the process with Operose Health Limited ('<i>Operose Health</i>') is HCRG Care Group, an NHS England accredited and licenced "Hard to Replace" provider of community services which has been supplying clinical services to the NHS and Local Authorities since 2006.</p> <p>Other group companies also contract extensively with the NHS to deliver on-framework staffing and care services.</p>
1.2	Brief details of the Buyer's branches, agencies and places of business in the UK and elsewhere, and the nature of its businesses.	Please confirm if this is correct – does T20 Osprey Midco Limited contract with the NHS, Local Authorities and others for the provision of health and care services? We understand that this is a special purpose vehicle and so are not aware of any contracts currently held by T20 Osprey Midco (the Buyer).	The Buyer's Group (as defined above) is registered, managed, operating and paying tax in the UK. The Buyer's Group primarily contracts with the NHS, Local Authorities and others through its subsidiary companies for the provision of health and care services.

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
		<p>Please confirm if this is correct – T20 Osprey Midco is the Buyer. This response appears to refer to T20 Pioneer Midco Limited as the Buyer.</p> <p>Please confirm who “the Group” is in the context of this response.</p>	<p>The Buyer's Group (as defined above) currently operates two main business lines:</p> <p>HCRG Care Group – The provision of health and care services to the NHS and Local Authorities. This business line is the largest, and is the entity leading the transaction with Operose Health.</p> <p>HCRG Workforce Solutions – The provision of staffing services and workforce solutions (including the provision of complex care support in patients’ homes) to NHS Trusts and Local Authorities.</p> <p>We enclose a map (1-2 Service Location Map.pdf) detailing the locations of services operated by HCRG Care Group.</p>
1.3	A full structure chart showing the Buyer and all of its holding companies and its subsidiaries (each a “Group Company”).	We note that the Buyer (as defined above - T20 Osprey Midco Limited) is not included in this structure chart. Please provide an updated structure chart including the Buyer.	A structure chart is enclosed (1-3 Group Structure Chart.pdf), updated to reflect the creation of the T20 Osprey Midco Limited SPV. The Buyer's Group (as defined above) and its holding companies are registered, managed and pays tax in the UK.
1.4	Copies of the Buyer’s register of members, register of directors and register of persons with significant control.	<p>We note that documents labelled “1-4” relate to T20 Pioneer Holdings Limited, rather than the Buyer. Please provide this information for the Buyer, i.e. T20 Osprey Midco Limited.</p> <p>Please confirm what the difference between T20 Osprey Midco Limited B1 and B2 class ordinary shares is. If there are differences in share</p>	<p>An updated copy of the register of members, register of directors and register of persons with significant control is enclosed (1-4 PSC Register.pdf, 1-4 Register of Directors.pdf, 1-4 Register of members.pdf).</p> <p>The differing classes of shares attract the same rights.</p>

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
		classes for any other company that may have a director or indirect ownership of Operose (should the Change of Control Request be granted) we also need to know what they are so we can understand control of T20 Osprey Midco Limited.	
1.5	Confirmation of which Group Companies will have membership interests in Operose Health, and the proposed percentage of shares being transferred.	As above please provide information to determine ultimate ownership of the Buyer.	100% of the shares of Operose Health Limited are to be held by T20 Osprey Midco alongside a 1% minority interest in AT Medics Holdings LLP, the holding company of AT Medics Limited.
1.6	Confirmation of the ultimate beneficial owners of the Buyer (i.e., the ultimate owners of any of the Buyer's holding companies).	As above, we note that the structure chart does not show the Buyer, and so we cannot infer the ultimate beneficial owner from this. Please provide confirmation of the ultimate beneficial owner.	Amended structure chart provided at 1.3 provides this detail (1-3 Group Structure Chart.pdf).
2			
2.1	A brief description of the business of each Group Company in the UK including a summary of contracts for NHS services held by each such Group Company. In particular, detail any existing or prior experience of any Group Company in running GP practices, including: <ul style="list-style-type: none"> a. Number of contracts held, b. Length of the contracts, and c. Commissioning organisations. 	<p>We note that:</p> <ol style="list-style-type: none"> 1. "HCRG Care Group" is referenced in this response – which company or companies within the group structure is being referenced? 2. Only one of the Group Companies is dealt with in this response. Please provide information as requested in relation to all of the Group Companies. <p>Please provide evidence of the CQC ratings of all of the regulated healthcare services provided</p>	<p>HCRG Care Group (HCRG Care Group Holdings Limited and its subsidiaries) is one of the largest independent providers of primary and community services to the NHS and Local Authorities and has been part of the health and care system in England since 2006.</p> <p>The company holds more than 50 contracts with the NHS and local authorities to deliver community health and care services and employs more than 5,000 people delivering services ranging from District Nursing to Community Hospital Wards to Sexual Health and Health Visiting and School Nursing</p>

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
		<p>by each Group Company.</p> <p>Please confirm why there are 13 primary and urgent care services listed in this response, but the Primary Care Induction document also contained in 2.1 shows on slide 15 that they HCRG operate 6 GP practices and 4 urgent care services. We also note that slide 4 of the same presentation notes that HCRG runs 21 primary care services across the country. And the response to question 3.1 states that “HCRG Care Group presently operates 7 APMS primary and urgent care services for the NHS”. Please confirm exactly how many primary care contracts and urgent care contracts companies in the HRCG group hold.</p> <p>Where any contracts are due to expire shortly, please confirm the reason why these are not being renewed or extended.</p> <p><i>Buyer: Where differences in numbers appear within different documents, this relates to the difference between locations / services and contracts; we apologise that this is unclear. The business operates 7 stand-alone APMS contracts but also delivers other primary care services (urgent care services, prisons primary care services) via other contracts, leading to a total 21 ‘primary care’ locations from where primary care is delivered.</i></p> <p><i>We are not aware of any primary care contracts</i></p>	<p>services.</p> <p>The company has operated primary care services for more than a decade, predominantly holding APMS contracts within this business area and successfully working closely with commissioners to transform or improve challenged services.</p> <p>All primary care services operated by the organisation are rated “Good” or “Outstanding” by the CQC.</p> <ol style="list-style-type: none"> Entities within the HCRG Care Group currently hold contracts to operate 13 primary and urgent care services. Contract lengths vary from between 2 years and 13 years in total with an earliest start date of 1 May 2011. Of 10 contracts held, 6 have expired already or are due to expire on 31 March 2023 but have verbal or written intent to extend, with paperwork awaited. The remaining 4 are due to end on 31 March 2026. The services are commissioned by Birmingham and Solihull ICB, Buckinghamshire Oxfordshire and Berkshire West ICB, Coventry and Warwickshire ICB, and Mid and South Essex ICB. <p>HCRG Workforce Solutions (HCRG Workforce Solutions Limited) provides staffing and</p>

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
		<i>which are due to expire shortly. Where contracts are due to expire for other types of services, these are the natural end of contracts which were re-procured through competitive tender processes.</i>	workforce solutions through frameworks and master vend contracts to the NHS and Local Authorities. The company does not hold any contracts for the provision of GP practice services but does have extensive experience in the provision of locum staffing both in GP practices and the wider health and care service.
		<p>Please confirm:</p> <ul style="list-style-type: none"> - Which company is referenced when “Operose Health Management” is described? - Which companies make up “HCRG Care Group” for this purpose, and which primary care services will transfer (all HCRG primary care services or only some)? <p>What will be the impact on AT Medics of this change, and where will the HCRG primary care services sit in the new T20 Osprey MidCo structure?</p>	<p>It is intended, subject to confirmation by the management team at Operose Health Limited of sufficient capacity, that within 12 months of the transaction completing all of HCRG Care Group’s current APMS primary care services will transfer to management by Operose Health.</p> <p>The APMS contracts are currently held by HCRG Care Services Limited.</p> <p>The impact of the transfer would be less than but similar too the acquisition of a new contract by Operose Health / AT Medics. This is a process both HCRG Care Group and Operose Health are familiar and experienced with and – therefore – ultimately, expect there to be no negative impact on either companies’ services to patients.</p> <p>The transfer would be subject, of course, to negotiation with current commissioners of these services and a detailed planning process which would determine where the primary care</p>

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
			services would sit within the legal structure of Operose Health Limited.
		Please confirm the relevance of this to the Buyer (T20 Osprey Midco Limited) and the Buyer's governance and values – is the same induction pack to be used for new starters at the Buyer?	<p>The attached document (2-1 Primary Care Induction.pdf) is taken from HCRG Care Group's new Colleague Induction and provides details of the culture, values, successes and structure of HCRG Care Group's primary care operation.</p> <p>This pack has been provided for commissioners' information only, to provide assurance of HCRG Care Group's approach, attitude and experience and we apologise for any confusion its inclusion may have caused.</p>
2.2	Names of any UK company or businesses which were formerly a Group Company but have been wound up or sold within the last three years.	Please confirm that this is an exhaustive list and no further wind down or sale proceedings are planned.	<p>During 2020, HCRG Care Group (then known as Virgin Care) undertook a project to simplify its corporate structure. As part of this, legal entities which no longer held contracts (where these had been transferred to another Group legal entity, ended or transferred to another provider) were wound down. There have been no winding up proceedings initiated by third parties.</p> <p>The entities which were wound down as part of this exercise were:</p> <ul style="list-style-type: none"> ▪ Virgin Care Corporate Services Limited ▪ VH Doctors Ltd ▪ Virgin Care Hampshire Health LLP ▪ Virgin Care Leeds LLP

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
			<ul style="list-style-type: none"> ▪ Virgin Care ChelmsfordLLP <p>We can confirm that this list is exhaustive.</p>
2.3	A brief description of any services provided by any Group Company to Operose Health or AT Medics Ltd and whether any such services will be affected by the change in control.	Please confirm any services planned to be provided by HRCG companies to Operose companies post-completion.	<p>The Buyer and HCRG Care Group does not provide any services to Operose Health or AT Medics Ltd.</p> <p>Following the completion of the transaction, we will look for areas where companies in the Buyer's Group may be able to work together more closely.</p> <p>For example, HCRG Workforce Solutions is ideally placed to provide staffing services as it does for other providers of similar services and Sugarman Occupational Health, as one of the UK's leading providers of Occupational Health services, is ideally placed to provide this service to Operose Health staff.</p>
2.4	Confirmation of whether any data or other assets currently held by Operose Health or AT Medics Ltd will be transferred to any Group Company and in particular any Group Company outside the UK.	Please confirm any assets or data planned to be transferred between HRCG and Operose companies post-completion.	<p>There is no transfer of data outside the UK.</p> <p>We re-assert that Operose Health and AT Medics will operate in line with current status quo following completion and, therefore, there is no planned transfer of assets or data, within or outside of the UK.</p> <p>With regard to data, the identification of areas where the companies work more closely together may in the future require the transfer of data. In these circumstances, the Buyer's Group is well aware of its responsibilities for maintaining the safety and security of data and</p>

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
			for complying with data protection legislation and all companies within the Buyer's Group have a strong track record of compliance with these rules.
2.5	Confirmation that no changes in the governance structure or management of Operose Health, or AT Medics Ltd, including of its directors, are proposed.	<p>Please confirm which directors will change, and if any other governance changes or combining of HCRG/Operose governance/ services are anticipated and what their effect will be on AT Medics. Please provide details of such proposals.</p> <p>Please also confirm what entity is being referenced as "Operose Health Management Team".</p>	<p>There are no proposed changes to the governance structure or management of Operose Health or AT Medics Ltd as part of the transaction.</p> <p>There will be necessary changes to directors appointed by the current ultimate controlling party Centene Corporation. This will result in the removal of those directors appointed by Centene Corporation:</p> <p>Tricia Dinkelman Beau Scott Gaverick</p> <p>Following the completion of Change of Control, the Buyer's Group will appoint replacement directors.</p> <p>As Operose Health joins an established and experienced group of health and care organisations with governance arrangements praised by the CQC, it is possible that opportunities to combine the governance functions of the organisations may be identified in the future. Any changes would, of course, be carefully managed to maintain safety and the management team of Operose Health Limited would continue to engage with commissioners regarding any changes as they would today.</p>

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
			<p>(Added in March 2024) In addition to the information originally provided (now clarified), the Chief Executive Liz Perry has announced her intention to resign following the completion of the Change of Control process. The “GP Directors” who previously led the AT Medics business prior to its acquisition by Operose Health have also chosen to leave the business, and are currently working their notice period.</p> <p>Samantha Kane, formerly Chief People Officer at HCRG Care Group, will take up the role of Interim Chief Executive Officer on 1 March and will work closely with Liz until she leaves the organisation.</p> <p>Professor Nick Harding will continue in his role as Chief Medical Officer, providing excellent and consistent clinical leadership, and there will be no negative impact on the provision of services, nor Governance structures.</p>
3			
3.1	Details of, and copies of all documents relating to, any licences, consents, registrations, approvals, permits and exemptions (whether public or private) required or obtained by the Buyer in connection with the operation of its business, insofar as it is relevant to the AT Medics Ltd contract (“Consents”).	Please provide these documents which have not been made available. In particular, we assume that existing Operose registrations will continue, and Buyer will not need any additional registrations, but this should be confirmed. Any registrations to be acquired by Buyer (T20 Osprey Midco) should be confirmed.	Copies of various licences, consents, registrations, approvals, permits and exemptions are attached.

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
		Please explain this response in more detail, as per our additional question in 2.1 above.	While Operose Health and AT Medics will continue to operate, HCRG Care Group presently operates 7 APMS primary and urgent care services for the NHS and has significant experience of governing and delivering these types of services.
3.2	Will any of the Consents be affected by the proposed change of control? If yes, please provide details.	Please confirm if your answer is changed in view of the additional information requested.	We have reviewed, and our answer remains: No.
3.3	Details of, and copies of all documents relating to, any investigation, enquiry, prosecution or other enforcement proceedings or process by any governmental, administrative, regulatory or other body or organisation in relation to or affecting the Buyer or its business and details of any facts or circumstances that may give rise to any such matters.	Please confirm if your answer is changed in view of the additional information requested.	We have reviewed and our answer remains: None.
3.4	Details of any matter or circumstance that constitutes, or may constitute, a contravention or breach by the Buyer (or any of its officers, agents or employees) of the provisions of any Consent, statute, order or regulation made in the UK, and copies of all related documents.	Please confirm if your answer is changed in view of the additional information requested.	We have reviewed and our answer remains: None
3.5	Details of, and copies of all documents relating to, any anti- corruption policies and procedures that have been implemented by the Buyer to ensure compliance with the Bribery Act 2010.	Please confirm if this will apply to the Buyer, as currently this is unclear.	We enclose a copy of the relevant policy (3-5 Anti Bribery and Anti Fraud Policy.pdf), which we can confirm applies to the directors of T20 Osprey Midco Limited.

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
			As an SPV, this company does not have any other employees. The OHL policy remains in place for this company and its subsidiaries.
		Please confirm if this answer is in relation to the Buyer as defined (T20 Osprey Midco Limited) or another entity.	The companies within the Buyer's Group regularly demonstrate their governance and compliance with these regulations as part of tenders operated by the NHS and local authorities.
3.6	Details of the Buyer's procedures for ensuring and monitoring compliance with applicable data protection legislation.	Please respond to this question by reference to the Buyer. The response as currently drafted is in relation to HCRG Care Group (note that it is unclear which legal entity this refers to).	<p>T20 Osprey Midco Limited is a non-trading holding entity created as a special purpose vehicle for the acquisition of Operose Health Limited. As such, the company does not hold or process any information.</p> <p>The Buyer's Group, however, has substantial experience:</p> <p>HCRG Care Group (HCRG Care Group Holdings Ltd and its subsidiaries) is an experienced provider of health and care services and has a comprehensive set of procedures and policies to ensure its compliance with data protection legislation.</p> <p>The organisation has been awarded "Substantial Assurance" – the highest possible accreditation level – for handling information and data security against the NHS Data Protection and Security Toolkit.</p>

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
			<p>The organisation employs a dedicated Information Security team within its IT function as well as contracting with external experts to meet, and exceed, the relevant standards.</p> <p>HCRG Workforce Solutions (HCRG Workforce Solutions Limited) is an experienced provider of staffing and workforce solutions and has a comprehensive set of procedures and policies to ensure its compliance with data protection legislation.</p> <p>The organisation has completed Cyber Essentials Plus accreditation, and additionally holds ISO27001 accreditation.</p> <p>The organisation employs appropriate expertise within its IT function, as well as contracting with external experts, to meet and exceed the relevant standards.</p>
4			
4.1	Details of any ongoing or threatened litigation, arbitration, mediation or similar proceedings or disputes involving or otherwise affecting the Buyer or its business which may be reasonably considered to be material in relation to us.	<p>Please confirm if this answer is provided in relation to the Buyer, or another entity?</p> <p>Please also answer this question in relation to all other entities in the group structure chart provided, in order to provide the ICB with the required information given that the Buyer is a new company.</p>	<p>The Buyer's Group has no ongoing or threatened litigation, arbitration, medication or similar proceedings or disputes.</p> <p>We have clarified that this answer applies to the Group as a whole.</p>

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
		n/a	HCRG Care Group, as a provider of health and care services, has from time to time ongoing or threatened medical claims. All claims are subject to rigorous internal investigation by our clinical quality, legal, governance and Customer Experience teams to establish the circumstances of each claim and lessons learned are escalated and disseminated within the organisation to avoid recurrence.
		Is this the case in relation to the Buyer also? Does the Buyer hold relevant insurance policies?	Each claim is covered by insurance policies held by the various entities within the Buyer's Group and none of these cases would be considered material in relation to this transaction. The Buyer is covered by appropriate insurance with regards to its activities.
4.2	Details of, and copies of all documents relating to, any outstanding or pending judgment, order, finding or decision of any court or regulatory body affecting the Buyer or its business.	Please confirm that this answer is in relation to the Buyer (T20 Osprey Midco Limited).	There are no outstanding or pending judgements, orders, findings or decisions of any court or regulatory body which could affect the Buyer or its business. This answer applies to all companies within the Buyer's Group.
5			
5.1	How many employees are employed by Operose Health? How many of those employees are involved in the provision of services by Operose Health (and AT Medics)?	n/a	As at 30-Sep-23: <ul style="list-style-type: none"> FTE = 1,219.9 Headcount = 1,574 All employees are involved in the provision of

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
			services by Operose Health (and AT Medics).
5.2	Is Operose Health contracting with any other entities which supply staff needed to deliver the APMS contract, and if so, please confirm details of any such contracting arrangements.	<p>Please confirm what is meant by “core APMS contracts”.</p> <p>Do any other organisations supply staff and will they continue to?</p>	<p>No sub-contracting arrangements are in place for APMS contracts.</p> <p>Like all providers, Operose Health Limited works with a range of agencies and independent contractors for the supply of staffing and it will continue to do so.</p>
5.3	Will there be any change to the staff working with Operose Health , or AT Medics? Confirm if TUPE will apply to the transfer.	n/a	<p>As the Buyer will acquire 100% of the shares in Operose Health and a 1% minority interest in AT Medics Holdings LLP, and Operose Health and AT Medics Limited will continue to operate as previously, there is no change of employer and TUPE is not, therefore, engaged.</p> <p>(March 2024) Given the extended length of the due diligence process, proposed to last until at least August 2024 before a decision can be made, it is prudent to note that any business will, over the course of almost a year, experience changes to staffing both as a result of natural attrition and as part of normal business reviews to ensure optimal performance.</p>
		Does the Buyer currently anticipate making any changes to the staff working within Operose Health or AT Medics (either at the time of transaction or afterwards)?	As part of the transaction, there are no changes proposed to the staff working within Operose Health or AT Medics and there is no plans to make changes to the staffing of services.

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
5.4	Does the Buyer run any equivalent healthcare businesses, and if so, please provide any information which could be relevant to understanding their workforce model, including: <ol style="list-style-type: none"> Stability of the workforce, Number of employed to temporary staff, Temporary staff and how the Buyer anticipates they will be affected. 	<p>We note that this response does not refer to any equivalent healthcare businesses run by the Buyer (T20 Osprey Midco Limited) and so understand that the answer in relation to the Buyer would be no, they do not run any equivalent healthcare businesses. Please confirm.</p> <p>The information in relation to HCRG Care Group is useful, please specify the legal entity/ "organisation" being described in this response. Please also provide information about whether the HCRG Care Group's use of physician associates and whether it is intended to replicate HCRG Care Group staffing models involving physician associates in the Operose Health business.</p>	<p>The Buyer is a special purpose vehicle set up for the acquisition of Operose Health Limited. The Buyer's Group, however, does run equivalent healthcare businesses.</p> <p>HCRG Care Group (HCRG Care Holdings Limited and its subsidiaries) operates 7 APMS contracts and other primary care services alongside a wide range of community services for adults and children for the NHS and Local Authorities. As a result, HCRG Care Services Limited is licensed and monitored by England under the 'Hard to Replace' provider regime.</p> <p>HCRG Care Group employs more than 5,000 people in the delivery of these services with the majority of staff employed on a substantive basis. Colleagues are employed on market-competitive terms, and receive a full range of benefits.</p> <p>The organisation has been shortlisted or won several awards during the last 10 months for its employee support and benefit programmes, including winning "Best Cost of Living Response" at the CIPP Annual Excellence Awards and has been shortlisted for Best Employer for Diversity and Inclusion at the Nursing Times Awards for its comprehensive menopause support programme and policies.</p> <p>The organisation is also able to definitively demonstrate that it is an attractive employer</p>

			<p>within the sector, despite sector-wide shortages of professionals and has welcomed an additional 50WTE colleagues to its team since 1 April 2023.</p> <p>HCRG Care Group closely monitors key workforce metrics ensuring visibility at every level of the business from floor to board. Turnover, sickness and other key metrics are comparable with the broader health and care sector.</p> <p>In addition to a stable workforce model, the organisation has been commended for its ability to deliver improved health outcomes and high quality services in partnership with commissioners over many years. For example:</p> <ul style="list-style-type: none"> • Following being awarded a contract to create and run Wiltshire-focused children's services in 2017, Wiltshire Council have renewed for another five years until 2029 • Essex County Council have extended their contract to deliver improved outcomes for families for a further 3 years • Coventry City Council and Warwickshire County Council have appointed us to deliver the largest sexual health contract across their areas, following the successful transformation and delivery over several years in Teesside, Greater Manchester and Lincolnshire.
--	--	--	--

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
			<p>97% of the organisation's services rated by CQC hold "good" or "outstanding" ratings, higher than the industry average, and reflecting the organisation's track record of transforming and improving the services it takes on.</p> <p>There is no intention to change or merge the operating models of HCRG Care Group and Operose Health, including the use of PA roles. As above, both organisations' services are well reviewed by regulators and we intend to continue to provide high quality care within both organisations.</p>
6			
6.1	<p>Details on the financial position for the past three years of the Buyer and the Group Companies, including in particular:</p> <ul style="list-style-type: none"> - Income and Expenditure, - Profit and Loss; - Debts; - Information held pertaining to bankruptcy and/or liquidation which could be deemed relevant. 	<p>As above, the information provided does not relate to the Buyer – please provide as much financial information as possible as requested in relation to the Buyer, or note the reason this cannot be provided (we note that you have stated that there are no audited accounts).</p> <p>Please, if this is not information which is available for T20 Osprey Midco Limited, provide the requested information in relation to the companies further up the structure (T20 Pioneer Midco Limited, T20 Pioneer Holdings Limited, Twenty20 Capital Investments Limited, IJMH Limited and Twenty 20 Capital Limited).</p>	<p>We have provided accounts for the companies:</p> <p>Twenty20 Capital Investments Limited, T20 Pioneer Holdings Limited and T20 Pioneer Midco Limited.</p> <p>As a non-trading holding company established to acquire the Operose Health business, T20 Osprey Midco Limited has not yet published audited accounts.</p>
6.2	<p>Details of the impact any failure of the Buyer or any would have on the ability of AT Medics Ltd to continue to deliver the APMS contract.</p>	<p>Please provide more detail about the financial separation between the Buyer and Operose Health and AT Medics.</p>	<p>It is intended that Operose Health and AT Medics will continue to operate as a financially sustainable standalone services focused on</p>

#	Question	Further Question/ clarification required – January 2024	Clarified answer – February 2024
		<p><i>Buyer: We are unclear on how to best respond to this request. Operose Health and AT Medics are financially sustainable businesses, and we intend for this to continue. While we have provided various assurances regarding other Group companies, the failure of any Group company would not impact on the ability to deliver the APMS contracts as the business will not be dependent on financial support from the Group.</i></p>	<p>delivery of primary care services, and therefore there would be no impact of the failure of the Buyer (or any other Group company) on the continuing ability of Operose Health to continue delivery of the APMS contracts.</p> <p>In addition, HCRG Care Group is scrutinised closely and regularly by NHS England as a result of its designation as a Hard to Replace Provider and commissioners can therefore be assured by the significant oversight of the Group's affairs and its strong financial performance, given the lack of concerns raised through this process to date.</p>

1	Question
1	<p>We understand from Stephen Collier's email dated 15 March 2024 that a purchase agreement was entered into by MH Services International (UK) Limited and T20 Osprey Midco Limited. As a result, from 28 December 2023 T20 Osprey Midco Limited became the legal owner of Operose Health Limited. As a result, a change of control of AT Medics Limited occurred on that date. That change of control was the subject of AT Medics Limited's request for prior authorisation to undergo the change of control dated 30 November 2023 and of the ongoing due diligence exercise.</p> <p>Please confirm on what basis did AT Medics Limited determine not to inform us or the ICBs of this at the time of the change of control or at any time until 15 March 2024, despite the ongoing due diligence process (including further queries raised by us on 19 February 2024 and responses provided to us on 6 March 2024)?</p> <p>Please also confirm on what basis did no other company with ownership/control of AT Medics Limited (including but not limited to Operose Health Limited and T20 Osprey Midco Limited) or part of the same overall group (including but limited to the HCRG Group) determine not to inform us or the ICBs of this at the time of the change of control or at any time until 15 March 2024, despite [regular] meetings/communications between representatives of such companies and representatives of NHS England and the ICBs occurring between 28 December 2023 and 15 March 2024?</p>
1	<p>The background is that as negotiations with the seller, Centene, progressed it became apparent that the seller was not prepared to enter into a contract that was conditional on change of control approval. Rather Centene required a rapid and full completion, by the end of December 2023. When this occurred, we viewed it as a change of ultimate ownership rather than operational control. For that reason, and to preserve the status quo, we did not action any associated tasks or business activity connected with a change of control, such as for example making director appointments etc.. We left operational control with the Operose management team, under the leadership of Liz Perry. However, when Liz indicated that she intended to leave the company we recognised that it was no longer appropriate to continue on this basis. We therefore made the notification of 15 March 2024. We now accept that earlier disclosure would have been appropriate and apologise for the frustration and disappointment our actions may have caused.</p> <p>As a proven and experienced provider of health and care services, including APMS delivery, we hoped that due diligence would conclude at pace and we could move forward, working together to improve outcomes, experience and access for patients, as our track record can evidence us doing so historically. We fundamentally believe in UK ownership for UK NHS services and have already started to lead improvements including increasing the number of employed GPs in our practices. In services nothing has changed, the practices are still led by the same leaders and patients are cared for by the same clinicians and medical staff.</p> <p>Our intention has always been to respect the change of control process and our commitment to this has been demonstrated through our active co-operation and engagement.</p>
2	Question
2	<p>Is there any change to the due diligence answers provided to date required now that the change has taken effect? For example, you note in the responses provided in March that certain actions would be undertaken "<i>following the completion of the change in control</i>". Please confirm if you are aware of any updates to the position set out in your previous responses (excluding the fact that the change in control has happened).</p>
2	<p>We can confirm that there has been no change to the due diligence answers provided to date. There are no updates to the position set out in our previous responses.</p>
3	Question

3	<p>Has Operose Health Limited, AT Medics Limited or AT Medics Holdings LLP directly or indirectly borrowed or provided collateral for any of the wider company group's borrowings? If so, please confirm the level of such debt held by any of these companies. We ask this question as we note that the Companies House documents for AT Medics Limited and AT Medics Holdings LLP, show that a charge was registered against both on 13 March 2024 for the benefit of HSBC bank.</p> <p>We note from a search at Companies House that AT Medics Limited and AT Medics Holdings LLP, each have charges registered against them on 13 March 2024 for the benefit of HSBC bank.</p> <p>d. Please provide details of any of the following given by or to Operose Health Limited:</p> <ul style="list-style-type: none"> • debentures, mortgages, charges, or other security together with details of the secured obligations to which these and any other security relate; and • guarantees, indemnities, bonds, comfort letters or other sureties or assurances together with details of the secured obligations (including value or potential value) to which these and any other sureties or assurances relate. <p>e. Please provide details of any of the following given by a third party (including AT Medics Limited and AT Medics Holdings LLP) in respect of any of Operose Health Limited's obligations:</p> <ul style="list-style-type: none"> • debentures, mortgages, charges, or other security together with details of the secured obligations to which these and any other security relate; and • guarantees, indemnities, bonds, comfort letters or other sureties or assurances together with details of the secured obligations (including value or potential value) to which these and any other sureties or assurances relate.
3	<p>T20 Osprey Midco Ltd, the parent company of Operose Health Ltd, and its sister company HCRG Care Group Holdings Ltd, refinanced existing group debt with HSBC UK Bank in March 2024.</p> <p>All material subsidiaries of T20 Osprey Midco Ltd. and HCRG Care Group Holdings Ltd. are Obligors under the borrowing arrangement, and therefore have debentures in relation to HSBC UK Bank. This includes Operose Health Limited, AT Medics Limited and AT Medics Holdings LLP. All debentures are available on Companies House.</p> <p>HCRG Care Services Ltd, the main trading subsidiary of HCRG Care Group Holdings Ltd, was designated as a 'Hard to Replace Provider' by NHS England in 2023. As a result of this, HCRG Care Group holds quarterly meetings with the NHS England Independent Sector Provider Monitoring team and provides a quarterly financial template that includes financial performance of the group, debts of the group and financial covenants.</p> <p>NHS England have confirmed that Operose Health Ltd and its subsidiaries including AT Medics Limited and AT Medics Holdings LLP will form part of the NHS England monitoring process going forward. The companies will report on a quarterly basis with the HCRG Care Group from 1 April 2024.</p>
4	<p>Question</p>
4	<p>We note that the licences requested have still not been provided. Please could these be provided? Operose, at 3.1 of the supplementary response, notes that <i>"copies of various licences, consents, registrations, approvals, permits and exemptions are attached"</i>, however we cannot see that such are attached to the email which was sent.</p>
4	<p>There are no additional licences required as a result of the transaction, the reference to appendices was an oversight on the previous response.</p>

5	Question
5	We note that the confirmation statement for Operose Health Limited was due to be filed at Companies House by 4 March 2024 and remains overdue. Please confirm the reasons for this, when it will be filed, and any details to be included within the statement that are in addition or contrary to information currently available on Companies House and/or that you have provided to us previously?
5	Operose Health Limited's confirmation statement was filed on 19th April 2024. All details can be seen on Companies House.
6	Question
6	<p>In an email of 15 March 2024, Stephen Collier stated, relation to the sale agreement between MH Services International (UK) Limited and T20 Osprey Midco Limited, <i>"The sale is partly conditional upon the ICBs' consent to the change, in that the ultimate purchase price is determined by whether approval is granted."</i></p> <p>Please provide full details about how the commissioners' decisions to approve or refuse authorisation to the change of control affect the purchase price to be paid under the sale agreement?</p>
6	As you will appreciate, there are comprehensive confidentiality restrictions in place within the sale and purchase agreement which prohibit us from being able to provide any more detail in respect of the consideration mechanics and values, other than allowing us to confirm that there was an element of conditionality in respect of the purchase price related to the change of control process.
7	Question
7	<p>Please confirm whether the properties from which Operose operates its services are freehold or leasehold. If leasehold, please confirm details of:</p> <p>3. the landlord and whether they are a party directly or indirectly connected to Operose</p> <p>4. the term of the lease</p> <p>5. the rent payable under the lease</p> <p>6. the rent reviews applicable under the lease</p>
7	See attached 'Operational Estates' excel which addresses the full question.
8	Question
8	Please provide details of what (if any) applications or notifications have been made pursuant to the National Security and Investment Act 2021 or Competition Act 1998/Enterprise Act 2002 in respect of the acquisition of Operose.
8	No applications or notifications have been made pursuant to the National Security and Investment Act 2021 or Competition Act 1998/Enterprise Act 2002 in respect of the acquisition of Operose.

APPENDIX 4 LETTER NOTIFICATION



Frances O'Callaghan
NHS North Central London ICB
Laycock PDC
Laycock Street
London
N1 1TH

30th November 2023

Dear Frances

CONSENT FOR CHANGE OF CONTROL

Further to our recent correspondence, we are now writing to you to formally seek your consent to a change of control in accordance with clause 54.3 of the APMS contracts listed in **Annex 1** to this letter ("APMS Contracts").

The change of control arises as a result of a change in ownership of Operose Health Limited ("OHL"). OHL is currently wholly owned by MH Services International (UK) Limited, however it is intended that the ownership of OHL will transfer to T20 Osprey Midco Limited ("HCRG Care Group"). The HCRG Care Group is a UK based company, and one of the largest independent providers of NHS-funded primary and community services operating across England and Wales.

We have set out more details of the current and proposed ownership structure to ensure you have the complete information, in **Annex 2**.

OHL is the holding company of AT Medics Holdings LLP which in turn is the holding company of AT Medics Limited, the contractor under the APMS Contracts. This makes OHL a "Holding Company" of AT Medics Limited under clause 54.3 of the APMS Contracts.

Therefore, we believe the change of ownership of OHL amounts to a Change of Control envisaged by clause 54.3.

The change in ownership reflects Operose Health Group's current owner, Centene Corporation, continued execution of its value creation efforts as the company refocuses its portfolio on core lines of business.

Benefits of new ownership for patients and the NHS

- The new ownership brings together two highly experienced care providers with a shared mission to improve patient outcomes and experience across primary and community care.
- There will be no changes to frontline services or clinical leadership in your area and with HCRG Care Group's full support and backing, our practices will continue to serve their communities with high quality NHS primary care, clinically led and powered by sector-leading technology.
- Our core commitments also remain unchanged: to see patients as quickly as possible; improve quality; recruit and retain dedicated staff and; use social value activity to have a wider positive impact on the populations we care for.
- New ownership opens up significant opportunities, creating a single UK-owned organisation with greater expertise, scale and resilience to help deliver the NHS's priorities for primary and community care, including faster access, better integration, eradicating health inequalities and the use of digital, tech and data.
- HCRG Care Group is an experienced operator and partner for OHL. It operates 21 primary care and urgent care services alongside more than 400 community services for adults and children for the NHS and Local Authorities, employing more than 5,000 staff in the delivery of services and with a strong track record of delivery on behalf of the NHS. All of HCRG Care Group's CQC ratings are "Good" or "Outstanding", aligning with OHL's own strong track record.
- HCRG Care Group brings with it access to investment and the support of one of the UK's top 10 recruitment and workforce solutions groups, as well as a track record of a 'healthcare first' approach, minimising costs and maximising efficiency of support services.

Engagement

- We have been working closely with NHS colleagues to make sure all parties have clarity on relevant change of control contractual obligations, processes and timelines, including appropriate public engagement.
- We will continue to provide reassurance to our patients, staff and stakeholders that this change of control will not impact on our continued delivery of, and commitment to, high-quality patient care in our local surgeries.

What are the implications from a procurement law perspective?

As AT Medics Ltd will continue to hold the APMS Contracts, there should be no concerns for the commissioners in relation to procurement law compliance, as the same contractor will be holding the APMS Contracts.

What are the implications in relation to service delivery?

AT Medics Ltd will continue to be responsible for providing primary care services under the APMS Contracts, and there are no intentions to change the personnel involved in providing the primary medical care services. The 6 GP founders of AT Medics Limited will also remain in their current regional roles within the company. On that basis, we do not intend to make changes in relation to service delivery. We believe our collaboration with HCRG Care Group will drive even better clinical outcomes and broaden access for patients.

Do the APMS contracts need to be novated?

No – the APMS Contracts between AT Medics Ltd and the commissioners will remain intact, and no novation is required, as AT Medics Ltd remain liable for its obligations under the APMS Contracts. The change of control does not affect the APMS Contracts, except for the fact that your consent is required prior to such change of control taking place in accordance with clause 54.3.

What do I need to do to agree to the change of control?

Please review, sign and return the enclosed form in Annex 3, at your earliest convenience.

What if I have any further questions or require more information?

Should you have any questions, please contact me via liz.perry@operosehealth.co.uk.

Yours sincerely



Liz Perry
CEO | Operose Health

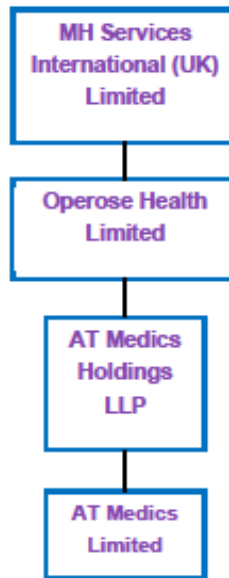
CC Vanessa Piper - Assistant Director of Primary Care Contract and Commissioning NCL ICB

Annex 1
List of APMS Contracts

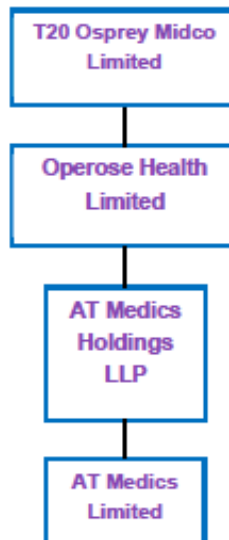
Mitchison Road Surgery	F83058
Hanley Primary Care Centre	Y01088
Kings Cross Surgery	F83635
Somers Town Medical Centre	F83683
Brunswick Medical Centre	F83048
Camden Health Improvement Practice	Y02674
St Ann's Road Surgery	Y02117
GP Hub Camden (Somers Town / Brondesbury)	AF008 AF009 AF008 AF007

Annex 2
Group Structure Details

Before



After



Annex 3

ICB Consent Response

FROM: NHS North Central London ICB ("the Commissioners")

TO: AT Medics Limited

The Commissioners acknowledge that AT Medics Limited has requested they consent to a change of control, in respect of the following APMS Contracts ("the Contracts"):

Practice name	Contract reference
Mitchison Road Surgery	F83058
Hanley Primary Care Centre	Y01088
Kings Cross Surgery	F83635
Somers Town Medical Centre	F83683
Brunswick Medical Centre	F83048
Camden Health Improvement Practice	Y02674
St Ann's Road Surgery	Y02117
GP Hub Camden (Somers Town / Brondesbury)	AF008 AF009 AF008 AF007

Change of control

Clause 54.3 of the Contracts requires AT Medics Ltd to receive prior authorisation of the relevant Commissioner prior to any change of control, as defined in the Contracts.

The change of control that AT Medics Ltd is seeking consent to relates to a change of the proposed ownership of Operose Health Limited which amounts to a change of control in the Holding Company of AT Medics Ltd. Subject to the completion of the transaction, the intention is that the ownership of Operose Health Limited will transfer to HCRG Care Group See Annex 1.

AT Medics Limited has confirmed that it will continue to provide the services under the Contracts, and there will be no adverse changes to the services under the Contracts as a result of this change in control. No changes are proposed to the terms or operation of the Contracts.

Consent

By signing this letter, the Commissioners hereby confirm that they consent to the change of control referenced above in respect of the Contracts, such change of control to take place on completion of the transaction. Signed for and on behalf NHS North Central London ICB.

Name	
Date	
Signature	

We understand that queries have been raised by ICB colleagues regarding a debt reduction exercise that Operose Health have recently undertaken with HSCB UK Bank. We have prepared the below to provide further context and reassurance for our ICBs on this matter.

Operose Health Debt-Reduction Arrangements

Operose Health is now part of a UK-based-and-managed health and care group.

Our group is one of the largest independent health and care groups in the UK, providing millions of hours of care and support to patients and service users across the UK in primary care settings, their own homes and in the community. We hold a substantial number of positive CQC ratings demonstrating our commitment to high quality services and – through our ultimate ownership – we benefit from access to investment to enable transformation.

Debt reduction and financial standing

Earlier this year, we went through a debt reduction exercise. This exercise conducted with HSBC UK Bank, resulted in the routine registration of a bank charge at Companies House against group companies. This is a positive endorsement of the financial stability of the Group. As a result of this exercise, Operose Health is now borrowing less than one-third of the amount borrowed under its previous US-based owner.

This stability enables us to invest in our services to the benefit of our patients. For example, we have recently invested in tools and systems that have allowed us to increase clinical capacity – a key priority for us.

The documentary evidence submitted as part of the Due Diligence response, reflects a stable and financially sound organisation. Our practices are now part of a UK-based-and-managed health and care group which pays tax in the UK and has a strong track record of delivering NHS high quality services.

The Group is accredited by NHS England as a 'Hard to Replace' provider, and as such is subject to stringent quarterly audits of its financial position. We are pleased to report that we have always passed those important tests. We have discussed this matter with our NHS England colleagues who are able to liaise with ICB colleagues to provide further reassurance on the Group's financial standing.

We are committed to being a long-term partner to NHS and hope this information helps to provide clarity and reassurance on this matter.

Our main priority has, and will always be, providing our patients with high quality primary care.