NHS
Norfolk and Suffolk
Integrated Care Board

Questions submitted prior to the meeting of the NHS Norfolk and Suffolk Integrated Care Board

Wednesday 23 September 2026, 10.00am

Council Chamber, Great Yarmouth Town Hall, Hall Plain, Great Yarmouth NR30 2QF

Question 1

Could you explain given the statement I made at the invitation of the Chair, Professor Pope, in July why neither the issue of Palantir and the recent reports on Maternity Services are not listed as dedicated items on this Agenda?

Moreover, you are fully aware that in all likelihood the Government will be making a decision about whether to terminate the NHS contract with Palantir before your next scheduled meeting and thus today is the last opportunity for the board to discuss what is in the public domain about claims and actions by Palantir and NHSE causing us to have no trust or confidence in either. Accordingly, so as to offer you an opportunity to display openness and transparency I would welcome the chance to speak to those legitimate concerns and invite the Chair to call me to speak. Yes or no?

Question 1 response

The following updates were provided during the public Board meeting.

Maternity services

Lisa Nobes, Executive Director of Nursing, provided an update under Matters Arising.

She confirmed that a report would be presented at the next public Board meeting covering the independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust led by Donna Ockenden, Baroness Amos' independent investigation into maternity and neonatal services in England, and the Thirlwall Inquiry.

The report was not presented at the September Board meeting because NHS trusts were still providing assurances in relation to the recommendations arising from these reviews and investigations. These assurances will be included in the report to the Board.

The next public Board meeting will also include an update from the Maternity and Neonatal Voices Partnership, providing an overview of the experiences and views of women, parents and families using maternity services across Norfolk and Suffolk.

Federated Data Platform (FDP) and Palantir

Richard Watson, Deputy Chief Executive and Executive Director of Strategy, Digital and Commissioning, responded on behalf of the Board.

He explained that the Federated Data Platform (FDP) is a nationally commissioned NHS programme, and decisions about its future providers are made at national rather than local level. Given that the ICB's use of the platform is currently limited, it has not been brought to the Board as a dedicated agenda item.

NHS Norfolk and Suffolk ICB is not currently uploading GP patient records to the FDP. The ICB currently uses one FDP product, the System Coordination Centre, which is a nationally developed tool that uses aggregated information only and does not contain individual patient records.

Before adopting any additional FDP products, the ICB would need to establish their purpose, the information they would use, and the relevant privacy, legal and information governance requirements.

A further report is expected to be presented to the Board early in the new year, providing a comprehensive overview of the data platforms used across Norfolk and Suffolk, including the FDP.

Question 2

Now that it has been established that Anti Zionist beliefs can qualify as a protected philosophical belief under the UK Equality Act, section 10, following the landmark ruling, Miller v University of Bristol, that found that Professor Miller's anti Zionist views did not cross the threshold into hate speech or anti semitism you will now have to reconsider your decision recorded under item 14, won't you? In particular, you will have to make clear that in any so called anti racist training in the NHS within the geographical boundary of the ICB that no such training should include the absurd conflation of anti Zionism with anti semitism, won't you?

Question 2 response

In October 2025, NHS trusts and integrated care boards received a letter from Sir James Mackey and Jo Lenaghan, Chief Workforce Officer at NHS England, entitled *Request for action on racism including antisemitism*.

The letter sets out the definition of antisemitism adopted by the UK Government, which has also been adopted by the ICB.

The letter makes clear that the definition includes examples of how antisemitism may manifest, including Holocaust denial, allegations of Jewish conspiracy and the targeting of Israel as a proxy for Jewish people. It also explicitly states that criticism of Israel comparable to criticism directed at any other country cannot be regarded as antisemitic.

The ICB acknowledges the outcome of the Employment Tribunal concerning Dr David Miller's dismissal by the University of Bristol. The ICB's position remains that the ruling does not contradict the definition of antisemitism outlined above or the recommendations made by Lord Mann and accepted by the ICB in July 2026.

Question 3

Having scanned the minutes of your July meeting and the papers attending the September meeting, I can find no reference to the use or development of the Federated Data Platform, neither in relation to the ICB's strategic and policy responsibilities, nor in relation to operational matters amongst the health services within its remit.

This is despite numerous references to issues supposedly relevant to FDP products and commitments. For example, the Winter Plan report specifically concludes that "Norfolk and

Suffolk have developed a whole-system winter response that connects prevention, access, admission avoidance, flow, discharge, community capacity, workforce resilience and daily operational co-ordination….” And characterised in the ‘Norfolk & Suffolk ICB Dial’”

Please can the ICB provide the following information:

- When did the ICB last discuss the FDP, in what context and with what result?
- Please can you provide a current summary of FDP ‘instances’ in use or in development amongst the NHS organisations falling within its remit and within the ICB itself?
- What view does the ICB now have of the utility of the FDP offer in service planning and delivery, its rollout within the area, and of the reputational risk posed by the use of Palantir, including the loss of trust in the NHS on the part of patients and the public?
- Has this view been communicated with NHSE and the DHSC?

Questions 3 response

As outlined on the ICB's website, the Federated Data Platform (FDP) is a nationally commissioned NHS programme. Decisions about its future providers are made at national rather than local level. Given that the ICB's use of the platform is currently limited, it has not been brought to the Board as a dedicated agenda item.

NHS Norfolk and Suffolk ICB is not currently uploading GP patient records to the FDP. The ICB currently uses one FDP product, the System Coordination Centre, which is a nationally developed tool that uses aggregated information only and does not contain individual patient records.

Before adopting any additional FDP products, the ICB would need to establish their purpose, the information they would use, and the relevant privacy, legal and information governance requirements.

A further report is expected to be presented to the Board early in 2027, providing an overview of the data platforms used across Norfolk and Suffolk, including the FDP.

Question 4

The ICB stated: “in the short term, our priority is to deliver the best possible care for our population.” How does the Board reconcile that statement with the continued refusal to allow patients living in Norfolk to access CGM prescriptions for Type 2 Diabetics.

Patients within the ICB area receive different access to CGM. Suffolk patients can obtain prescriptions, while Norfolk patients are told they must wait while services are “aligned”. Does the Board consider that arrangement consistent with:
• equitable access to healthcare
• the ICB statutory duty to reduce inequalities in access to health services
• the stated commitment to deliver “the best possible care” in the short term?

Waiting for alignment is clinically indefensible considering that the ODS required the ICB to prepare for harmonisation in November 2025, and complete the process by 30 September

2026. I am concerned by the inequality and the time for harmonisation to complete due to my own medical situation.

Question 4 response

The Board recognises the importance of equitable access to healthcare across Norfolk and Suffolk and acknowledges the concerns raised about differences in access to continuous glucose monitoring (CGM), particularly where these affect patients personally.

Since NHS Norfolk and Suffolk Integrated Care Board (ICB) was established on 1 April 2026, work has been underway to harmonise clinical policies inherited from the two former ICBs, including arrangements for CGM. While some differences remain during this transition, our aim is to establish a consistent, evidence-based approach to access across Norfolk and Suffolk.

We acknowledge that the current eligibility criteria and prescribing arrangements for CGM differ between Norfolk and Suffolk. However, patients in Norfolk do not need to wait for harmonisation to access CGM if they meet the existing clinical criteria.

In Norfolk, patients assessed by their specialist diabetes team as meeting the eligibility criteria can access CGM, which can then be prescribed in primary care following specialist advice.

Both Norfolk and Suffolk arrangements broadly reflect the National Institute for Health and Care Excellence (NICE) guideline NG28, which recommends CGM for certain adults with type 2 diabetes who use insulin, including those at significant risk of hypoglycaemia or who cannot safely undertake finger-prick blood glucose monitoring because of a physical, cognitive or learning disability.

There are, however, differences in the criteria applied locally:

- **Suffolk:** The current criteria are broader and more closely reflect the full range of NICE recommendations. These include impaired awareness of hypoglycaemia, recurrent or severe hypoglycaemia, the need to test blood glucose at least eight times daily, and certain physical or learning disabilities. Additional eligibility may apply to patients receiving dialysis or experiencing agreed occupational or psychosocial circumstances.
- **Norfolk:** The current criteria are narrower, generally requiring multiple daily insulin injections and assessment by a multidisciplinary team (MDT). Eligibility relating to hypoglycaemia is limited to severe episodes requiring assistance from another person within the previous 12 months, although additional consideration is given to patients at higher risk because of age, other health conditions or frailty.

Both areas also include patients receiving dialysis within their eligibility arrangements, although dialysis is not a standalone criterion within NICE NG28.

There are differences in prescribing arrangements. Of the three CGM devices currently suitable for prescribing in primary care, two are listed for use in all settings in Suffolk, with one requiring specialist initiation. In Norfolk, all three require specialist advice before prescribing. The Norfolk approach more closely reflects the NICE recommendation that CGM should be provided by a team with expertise in its use, alongside support for patients to manage their diabetes.

Progress towards harmonisation

Work is ongoing to align the policies inherited from the former Norfolk and Waveney and Suffolk and North East Essex ICBs. An analysis of the differences in CGM eligibility criteria has been completed, and a business case is being developed to assess the financial implications of establishing consistent criteria across both areas.

The intention is to complete this work by the end of the 2026/27 financial year.

Regarding the 30 September 2026 deadline referenced in the question, this relates to changes administered through the NHS Organisation Data Service (ODS) following ICB mergers. It does not establish a deadline for harmonising clinical or medicines-related commissioning policies.

The ICB recognises its statutory responsibility to have regard to the need to reduce inequalities in access to healthcare and health outcomes. Addressing differences inherited from previous commissioning arrangements is an important part of this work, with the aim of ensuring access is determined by clinical need rather than geography.

Access to CGM and individual circumstances

We recognise that the questioner has raised concerns about their own medical circumstances and would be happy to arrange for the appropriate team to make contact separately to discuss the options available.

Under the current Norfolk pathway, eligible patients would ordinarily be considered for CGM at their next routine diabetes review or during a hospital admission. Where the MDT identifies a high risk of hypoglycaemia, a clinic review can be brought forward to consider starting CGM sooner.

Where a GP is uncertain about the most appropriate management pathway, they can seek specialist Advice and Guidance without necessarily making a referral for a full clinical assessment.

For patients who do not meet the standard eligibility criteria but have demonstrable exceptional clinical circumstances, an Individual Funding Request (IFR) may be submitted for consideration. The IFR process is intended to consider exceptional circumstances on an individual basis and is not a mechanism for applying the eligibility criteria of another area.

Question 5

As you know, the nationally prescribed NHS Talking Therapies (NHS TT) contract states that all therapy modalities, including counselling for depression and IPT – are High Intensity Step 3. Can you confirm for the record that counsellors within the NHS TT part of this service need to be high intensity Step 3?

Assuming the answer is “yes”, can you please officially confirm this to NSFT and Norfolk and Waveney Mind (NWM) who disagree on this point and only employ "Trainee Grade" counsellors who they say are not High Intensity Step 3.

Bearing in mind that NSFT report the NWM counselling NHS TT figures as high intensity into NHS England, What can you do from here to ensure NSFT and NWM adhere to the nationally prescribed contract which you awarded to them in 2024 which officially commenced on 1/9/24.

I will be attending the meeting in person and look forward to a full, clear and detailed answer.

Question 5 response

The Norfolk and Waveney NHS Talking Therapies service was commissioned by the former NHS Norfolk and Waveney Integrated Care Board through a competitive procurement process, based on a published service specification.

Norfolk and Suffolk NHS Foundation Trust (NSFT), as the lead provider, is responsible for delivering the service, including Step 2 and Step 3 high-intensity interventions, working alongside partner organisations that deliver specific elements of the service.

Counselling for depression is recognised as a Step 3 high-intensity intervention within NHS Talking Therapies and is delivered as part of the wider service by Norfolk and Waveney Mind. Other Step 3 interventions are delivered by NSFT.

It is important to distinguish between the classification of a therapeutic intervention and the employment banding of the practitioner delivering it. The designation of counselling for depression as a Step 3 intervention does not, in itself, determine the Agenda for Change banding of individual counselling posts.

The workforce model, including the counselling roles employed by Norfolk and Waveney Mind, formed part of the service model submitted during the procurement process. These posts have been banded according to their duties and responsibilities. We understand that formal job evaluation processes have been undertaken and have confirmed the current banding arrangements as appropriate for the roles performed.

These arrangements are also consistent with Agenda for Change guidance for counselling roles, including Band 5 for trainee counsellors, Band 6 for qualified counsellors and Band 7 for counselling supervisors.

NSFT is responsible for reporting performance across the whole NHS Talking Therapies service, including Step 2 and Step 3 interventions, against nationally published NHS England performance indicators and local commissioning requirements.

The ICB continues to meet regularly with NSFT, as the lead provider, and works with NHS England regional colleagues to seek assurance that services are delivered in accordance with contractual requirements, national standards and the needs of the Norfolk and Waveney population. This includes ongoing oversight of service delivery and reporting arrangements to ensure compliance with NHS Talking Therapies requirements.