

Public questions and answers: Integrated Care Board meeting, 8 April 2026

Questions received from the public with responses from the ICB

Question 1	<p>The restriction of the Covid vaccine this autumn to those over 75 has significantly raised the health risks for older people of illness and infection due to the virus. As such the UK is an outlier as most countries give the vaccine to their older citizens over 60 and last year it was 65. Southwark Pensioners Action Group raised this issue with our MPs at the Pensioners Parliament last summer and it arose again at the Ageing Well Conference in the Town Hall in October, when a number of pensioners present were refused the vaccine on the grounds of age by the health ambassadors. As I said publicly at that meeting, surely this conflicts with the Council's stated aim of improving public health? Along with the flu this has also led to the hugely increased pressure on the NHS and local hospitals and is not a cost effective health measure. Will the Council and local stakeholders in health raise this issue with the government and with the JCVI. Southwark Pensioners are extremely concerned about this and want a change in policy relating to this important public health issue.</p>
Response to Q1	<p>The Joint Committee on Vaccination and Immunisation (JCVI) consider the latest epidemiology and safety data each year to provide NHS England with advice on the appropriate cohorts to be given COVID 19 vaccine. The advice given in July 2025 was for the following groups to be offered the vaccine in autumn 2025 and spring 2026</p> <ul style="list-style-type: none">• adults aged 75 years and over• residents in a care home for older adults• individuals aged 6 months and over who have a weakened immune system because of a health condition or treatment <p>As the vaccination policies, including eligible groups, are set nationally by NHS England, the ICB and healthcare providers are legally bound to deliver the programme in line with the recommendations.</p>

	<p>We can confirm that rates of Covid 19 infection have remained relatively low over the last few months, and the virus does not seem to be impacting on hospital pressures at the moment. Where there is evidence of a change in the epidemiology of the disease, the JCVI may consider a different approach.</p> <p>I can confirm that Southwark Council through its public health department will raise this issue through the UK Health Security Agency.</p>
<p>Question 2</p>	<p>In theory I understand that all GP practices should have patient participation groups but I am not aware if there is any coordination between them, so those less effective can learn from others. The PPG I am a member of is struggling to work effectively with the practice yet there seems little easily obtainable advice out there. Would it be practicable/possible for your organisation to see if you could help spread practice and enable local practices to have effective patient participation?</p>
<p>Response to Q2</p>	<p>GP practices are required as part of the national contract to have a PPG in place. The ICB also regards it as good practice and benefits practices to engage with their patients. We share a number of nationally and locally developed resources with GP practices, including the below:</p> <ul style="list-style-type: none"> • The Patient's Association toolkit and links to further resources for developing and supporting PPGs • The National Association of Patient Participation guide for PPGs and resources for patients as well as resources aimed at health professionals. • Links to a national Future NHS workspace for people working in primary care to engage with people and communities. This workspace contains useful resource, case studies and a discussion forum. • Links to South East London ICS engagement toolkit
<p>Question 3</p>	<p>What is SEL ICS doing to improve neurorehabilitation services? I am involved in the charity Headway UK (my grown up son is a brain injury survivor and spent 5 months in the Frank Cooksey unit) and when the CE of that charity wrote to Wes Streeting about the attached report about improving neurorehab services, Wes Streeting replied that it is for ICBs to take the lead here. He is quoted in the report as being very supportive of such services. The report makes a strong case for the amount of money the NHS could save if they improved</p>

	<p>rehab services for people with an acquired brain injury - so I would like to know what you are doing to deliver on this. In particular, please can you tell me your plans to implement the October 2025 NICE guidance on rehabilitation for chronic neurological disorders.</p>
<p>Response to Q3</p>	<p>South east London ICB commissions a range of neurorehabilitation services which provide care for adults with acquired brain injury. This includes:</p> <ul style="list-style-type: none"> • Inpatient and acute rehabilitation services – primarily provided by King’s College Hospital NHS Foundation Trust, Guy’s and St. Thomas NHS Foundation Trust, Blackheath Brain Injury Rehabilitation Service and South London and Maudsley NHS Foundation Trust. This includes a Level 2B neurorehabilitation service and we have recently expanded provision of these beds. • Community and outpatient services – this includes the South East London Neuro Navigation Service for all six boroughs in south east London. This service supports in care navigation and co-ordination, as well as providing specialist care. This service has been highly regarded for an innovative approach with care being provided by therapists, resulting in patients being supported to move effectively through different levels of care and saving hospital bed days. This service aligns strongly to the recommendations set out within the APPG Report on The Cost of Acquired Brain Injury to the UK Economy: Right to Rehab Report that has been shared. <p>Whilst the ICB has not completed a detailed mapping exercise against the NICE guidance (published in October last year), we can confirm that we expect our commissioned providers to ensure the services they provide meet the requirements set out within the NICE guidelines.</p>
<p>Question 4</p>	<p>Since May 2023, the Eltham Palace GP surgery has been subject to four critical inspection reports from the CQC, culminating in its sudden closure in March. The negative reports focussed on relationship between the GP partners Dr Peters and Ribeiro which showed insufficient improvement in those three years. Does the Board intend to raise the issues relating to the practice and those individuals to the GMC in order to explore whether these doctors are fit to practice elsewhere or be disciplined?</p>
<p>Response to Q4</p>	<p>NHS South East London Integrated Care Board is committed to ensuring that people across South East London continue to receive safe, high-quality primary care services. Regarding Eltham Palace Surgery we</p>

	<p>can confirm that the Care Quality Commission cancelled the provider's legal authority to operate on 19 March 2026 with immediate effect.</p> <p>We are working closely with local partners to ensure a seamless transition, and we will maintain continuity of services for all patients. From today (20 March 2026) we have put in place arrangements for Eltham Medical Practice to provide services in the same building for patients currently registered with Eltham Palace Surgery. There will be no changes to services at Eltham Palace Surgery at this time, or any other services based at Eltham Community Hospital, and patients should continue to contact and use the services in the usual way. This includes booking and attending appointments and ordering prescriptions. Further information will be shared directly with patients as plans progress, and there is no action patients need to take immediately.</p> <p>NHS South East London cannot comment further on the GMC registration of the two GP partners who held the contract for service provision at Eltham Palace Surgery up to 19th March 2026. Our focus is on maintaining continuity of services for patients, and we are supporting Eltham Medical Practice to do this on a temporary basis.</p>
<p>Question 5</p>	<p>Given the evidence that VCSE anchor organisations deliver measurable prevention outcomes and reduce NHS demand, how does the ICB plan to shift toward long-term commissioning? Specifically, how will you embed and resource these VCSE models within neighbourhood delivery pathways? What steps can VCSE organisations expect in terms of commissioning or integration within neighbourhood services?</p>
<p>Response to Q5</p>	<p>The VCSFE sector is a crucial part of local neighbourhood delivery. Each place has a local partnership of providers who are part of the delivery of neighbourhood health – these partnerships include VCSFE leadership from the local community. As we continue to build the place-based governance that will lead neighbourhood delivery, we will expect those VCSFE leaders to be a core part of the place-based governance.</p> <p>In 2026/27, we are investing £20m into prevention and neighbourhood-based care through our Strategic Investment Fund (which is a ringfenced fund over and above BAU commissioning investment in these areas). Where places are leading the development of delivery plans for this investment, those plans need to be co-produced with, and signed-off by, partners including the VCSFE. This process is currently underway, with</p>

	<p>delivery and investment plans being developed at place-level and due to come back to the ICB for sign-off at the end of May 2026. We would expect that plans include investment into VCSFE models where this is required.</p> <p>This sits alongside existing investment that we have made in the VCSFE services and infrastructure in previous years, such as supporting the SEL VSCFE alliance and investing in key VCSFE models such as creative health, trust and health creation, and health promotion.</p>
<p>Question 6, 7, and 8 Grouped for answering due to similar topics</p>	<p>Question 6</p> <p>I am submitting the following question on behalf of South East London Save Our NHS (SELSON), a group campaigning against the privatisation of the NHS.</p> <p>I am asking for confirmation of the SEL ICS's current status with regard to the rollout of the NHS Federated Data Platform</p> <p>Question 7</p> <p>I live in London, in the catchment for Guys and St Thomas', King's, Lewisham and Greenwich, South London and Maudsley, Oxleas.</p> <p>I am very concerned that a contract with Palantir is being considered as it appears, given Pallantir's track record, that data management will not be secure and our privacy will be compromised, in particular the likelihood of sharing cross-governmental data.</p> <p>Why is the NHS not using its own OpenSAFELY system [https://www.opensafely.org/] , built, managed and maintained by a team at the Bennett Institute, University of Oxford, with NHS England, TPP, Optum, and a community of collaborators around the UK.</p> <p>Question 8</p>

There is growing serious concern amongst staff, patients and public about your use of the Federated Data Platform (FDP) that uses tech company Palantir's technology.

Medact released a briefing endorsed by the Good Law Project, Privacy International, Just Treatment, Corporate Watch, United Tech and Allied Workers Union, and supported by Amnesty International that was sent to you. Concerns include damaging patient trust in the FDP and wider NHS data systems, insufficient data management and privacy practices of Palantir and risks in FDP, NHS data being used indirectly to strengthen software of a company whose other operations are allegedly linked to human rights abuses, locking in NHS institutions into single-supplier dominance preventing competitive procurement and the development of locally specific and/or in-house data management systems.

Will the ICB:

1. Not implement the FDP locally and pause any existing rollout plans
2. Support the termination of the NHS England contract due to be renewed in 2027
3. Publicly and clearly communicate their position on the FDP
4. Explain whether – and how – patients can opt out of including their data in the FDP

**Response to Q7,
Q8, Q9**

Thank you for your questions raising concerns regarding the NHS Federated Data Platform (FDP) and the involvement of Palantir technologies.

South East London Integrated Care Board recognises the strength of feeling that exists among some staff, patients, and members of the public about the use of health and care data, and we acknowledge the importance of continued public dialogue on how data is used across the NHS. Maintaining public trust, protecting patient privacy, and ensuring the ethical use of data are matters we take extremely seriously.

The FDP is a nationally commissioned NHS England programme designed to support the safe, lawful and transparent use of data to improve population health, service planning, operational resilience, and patient outcomes. In South East London, as across the NHS, effective use of data is critical to tackling health inequalities, improving care coordination, and supporting clinical and operational decision-making in an increasingly complex health and care system.

Current status of the FDP in South East London

The FDP is a nationally commissioned NHS England programme. South East London ICB continues to engage with NHS England to understand the scope, governance and potential role of national data platforms, including the FDP. No local decisions are taken in isolation, and any consideration of national solutions would be subject to appropriate assurance, including information governance, clinical safety and alignment with statutory responsibilities.

Concerns regarding Palantir and data security

We recognise that the use of health and care data raises important questions about privacy, trust and security. All NHS data platforms operate within strict legal and regulatory frameworks, including UK GDPR, the Data Protection Act, the National Data Opt-Out and NHS information governance standards. Data held within NHS systems remains under NHS control, with robust safeguards designed to protect patient confidentiality and prevent inappropriate use.

Use of OpenSAFELY and other data approaches

The NHS uses a range of data platforms and technologies for different purposes. OpenSAFELY is a well-established, secure analytics environment that has been particularly effective for approved research and population-level analysis. The FDP is intended to support a wider set of operational, planning and system-management functions across the NHS. These approaches are not mutually exclusive and serve different, complementary roles within the national data landscape.

Transparency and patient choice

We recognise the importance of clear and accessible communication about the use of data and digital platforms. The ICB is committed to transparency and to ensuring patients can access clear, authoritative information about how NHS data is used. National data opt-out arrangements continue to apply in line with NHS guidance, and patients are encouraged to use NHS channels to understand their choices. The ICB

	<p>remains committed to transparency and will continue to provide information about major data initiatives through appropriate public and stakeholder channels as national and local arrangements evolve.</p> <p>More broadly, South East London ICB believes that high-quality, well-governed data is essential to improving patient care, reducing unwarranted variation, and supporting staff to deliver safe and effective services. We will continue to work with NHS England, partners, patients and the public to ensure that data is used responsibly, proportionately and in the public interest. We welcome ongoing engagement on these issues and appreciate the contributions of organisations and individuals who help to inform and challenge how the NHS develops its digital and data capabilities.</p>
<p>Question 10</p>	<p>Will the ICB commit to maintaining ethnicity disaggregated data and reporting at borough level, so that the impact of any changes on Black residents remains visible and accountable?</p>
<p>Response to Q10</p>	<p>SEL ICB will continue to collect and report on ethnicity-disaggregated data at borough level because we recognise these datasets are essential for identifying, monitoring and addressing inequalities. This commitment ensures that the impact of system change remains visible and that we can take targeted, accountable action where disparities persist. Data-driven identification of high-risk communities, including those with large Black populations, is fundamental to how we plan and evaluate services. We are also committed to strengthening our outcome and evaluations frameworks so we can understand the impact of our work on our communities.</p>
<p>Question 11</p>	<p>Will the ICB protect funding for Black led VCSE's developing and delivering health models in Lewisham, including KINARAA as infrastructure and strategic advocate which are essential for trust, access, culturally competent services, enabling delivery of ICS and Lewisham priorities and targets?</p>
<p>Response to Q11</p>	<p>SEL ICB recognises that Black-led VCSE organisations are essential to improving health outcomes in Lewisham. Their trusted relationships, cultural competence and community insight make them vital partners in delivering prevention, strengthening access, and supporting the priorities of the ICS and Lewisham's</p>

Health and Care Partnership. These organisations were instrumental during the pandemic and remain central to tackling structural inequalities in Lewisham.

As part of our commitment to investing in equity-focused, community-led approaches, we have commissioned each of Lewisham's six Primary Care Networks to establish its own Health Equity Team, bringing together GP Health Equity Fellows working in partnership with Black-led voluntary and community organisations. These teams are co-producing locally tailored health interventions that directly respond to the needs, strengths and lived experience of Lewisham's Black communities. This model enhances trust, bridges barriers to primary and preventative care, and ensures that culturally grounded approaches shape local action on inequalities.

Through our SEL VCSE Charter, we have committed to fair, long-term and sustainable investment in the sector, particularly for By-and-For organisations with deep community reach. In 2025/26, we invested £1.2M in capacity-building and enhanced grant funding for micro By-and-For VCSEs across South East London, including targeted investment in Lewisham Black Voluntary Sector Network (LBVN). This funding enabled LBVN to strengthen its governance and infrastructure, enhance its strategic role in Lewisham, prepare for future funding and commissioning opportunities and support the wider network of Black-led micro-organisations to deliver specialist community-based services, for example, supporting work on improving control of high blood pressure and increasing flu vaccine uptake.

We are also one year into our three-year Trust & Health Creation partnership, which is co-developing community-led approaches to health creation and building a VCSE-led impact measurement framework. This will ensure that trust-building, lived experience and community leadership are embedded as a core element into the design and delivery of future services, and are shaped by and for local communities. The ICB strongly values the contribution of Black-led VCSE organisations and will continue to encourage their involvement. We have also committed to strengthening the VCSE sector's infrastructure, and work with key organisations such as KINARAA to understand how we can best support VCSE long-term infrastructure needs, and to embed them in both strategic and delivery roles across the system

While we cannot guarantee protected funding due to formal decision-making and budget cycles, our investment to date and the commitments set out in our VCSE Charter make clear that strengthening Black-led VCSE organisations, both in Lewisham and across SEL, will remain a priority. We will continue to

	<p>work in partnership with By-and-For organisations to ensure they have the support, visibility and resourcing required to play a central and sustainable role in shaping and delivering health equity.</p>
<p>Question 12</p>	<p>Will the ICB guarantee Black led representation within Lewisham’s governance and transformation groups, so that decisions affecting Black communities are made with Black communities.</p>
<p>Response to Q12</p>	<p>Lewisham already has meaningful structures in place: the Lewisham Health & Care Partnership includes remunerated Black-led representation from LBVN, with equal decision-making authority on the Partnership Board.</p> <p>New governance arrangements are being finalised under a memorandum of understanding for Integrated Partnership Working in Lewisham that sets out the principles and commitments of the partnership, and within that the membership of the overarching Integrated Neighbourhood Committee includes two VCSE representatives, one of which will be a representative of local black-led VCSE organisations or communities. The local team also works closely with By-and-For VCSE leaders to co-design and deliver services that reflect community priorities.</p> <p>Our SEL VCSE charter further commits us to embedding VCSE leadership and community voice at system, place and neighbourhood levels to ensure that diverse communities, including Lewisham’s large Black population, can influence decisions, service design and transformation programmes.</p>
<p>Question 13</p>	<p>From a Black Lewisham GP: GPs still find it difficult to access mental health support for children and adolescents. The waiting time can be months for severe mental health issues such as suicide ideations. I would like to know what plans they have to make it easier for families to access support in this area.</p>
<p>Response to Q13</p>	<p>We recognise the GP’s concern about the significant challenges families face in accessing timely mental health support for children and young people. In Lewisham, community mental health services for children and young people are primarily provided by South London and Maudsley NHS Foundation Trust and these services have seen a significant increase in demand since 2020. The ICB has continued to invest year on</p>

year in community CAMHS (child and adolescent mental health services), and this has resulted in additional capacity, however, we recognise that there remain challenges in waiting times and access. The NHS Foundation Trust is undertaking additional transformation work which aims to reduce the time it takes for children, young people and their families to access support including transformation at the front door and wider pathway redesign.

We are aware that across SEL, children, young people and families have told us that early help is hard to access, and we know these challenges disproportionately affect Black and marginalised communities. To address this, we are expanding community-led culturally grounded early-intervention mental health support through our partnership with Impact on Urban Health, SLaM and the Southbank Centre. This includes co-produced Black Mental Health solutions, culturally tailored early-intervention support, creative health interventions for children on Child and Adolescent Mental Health Service waiting lists and the expansion of Be Well community mental health networks, including Be Well schools.

These programmes will strengthen the early-response system while we continue to improve clinical waiting times, ensuring families have trusted, culturally competent support available in the community.

Since 2023, and building on the National Community Connectors programme, the ICB's Planning Team have been funding a programme of work in SEL's primary schools engaging Black children and young people, their parents and teachers, to better understand and address mental health need. Led by Black Thrive and working through trusted By/For VCSE Partners recruited in each borough (Class 13, Lambeth; Social Inclusion Recovery Group, Lewisham; AmirRae Foundation, Southwark; Active Horizons, Bexley; All Kids Can, Bromley; and Spark2Life, Greenwich), this programme has engaged hundreds of Black school children, their parents and teachers and developed interventions including a culturally-informed mental health toolkit. This programme has been designed specifically to close the gap between families, schools and mental health services through embedding culturally safe, trauma-informed early intervention into primary schools, where distress is often visible long before a clinical referral, and is already creating a much stronger early-support system for Black and mixed-heritage children across South East London.

Building on this work, our Healthy Dialogues Children & Young People's partnership with Impact on Urban Health has committed funding to activities that will deepen the impact and legacy of the original programme, including through a programme of capacity building with the By and For VCSEs delivering the work. Design

of these activities has been led by the VCSEs, based on their own assessment of need, and will also fund further iteration and embedment of the mental health toolkit with parents and teachers.

Additionally, SEL ICB has funded the creation of a new Wellbeing Clinic for racially and religiously minoritised people in Lewisham, developed with community leaders and Goldsmiths University. This clinic provides up to 40 sessions of free, culturally responsive counselling and has begun accepting referrals from community organisations.

Together, these initiatives aim to create multiple new early-help pathways for families, reduce reliance on CAMHS as the only point of entry, and offer GPs a wider set of trusted, culturally competent referral options.