

## 30 November 2023 ICB Board Meeting - Questions received in advance

All questions raised to the Board will be answered in writing to the individual who raised them and published on the ICB website.

Questions Raised	Raised By
<p>1 NHS England has awarded the contract for the Federated Data Platform (FDP) to Palantir, in conjunction with Accenture, PwC, NECS and Carnall Farrar. Extensive concerns about Palantir are widely reported, for example <a href="#">Patient privacy fears as US spy tech firm Palantir wins £330m NHS contract   NHS   The Guardian</a>.</p> <p><b>a) Why should patients in Cheshire &amp; Merseyside allow their confidential medical records to be uploaded to a system provided by Palantir?</b></p> <p><b>b) Will the ICB now delay any decision on participation in the FDP until full consultation with the public has been conducted and evaluated?</b></p>	Mr Greg Dropkin
<p><b>Answer</b></p>	
<p>The FDP procurement decision was announced 21 November 2023 in respect of the appointment of the FDP supplier. There will now be a period that will require extensive work with the supplier to be ready to fulfil the contract and so the FDP is unlikely to be started as a deployment programme until Spring 2024. The NHSE team will begin national public engagement beginning January 2024 and ending March 2025. Given those timescales CM ICB have some months to assess how best to interact with the FDP and will only take decisions in the best interests of patients, clinical effectiveness, and patient safety.</p> <p>The way the FDP products are deployed is not uniform across every ICB and for CM ICB we already have in place a mature data management system, CIPHA, that we are developing into a secure CM Secure Data Environment (SDE). The ICB's ambitions to increasingly use data and the insight we can derive, to focus our transformation agenda means that ongoing trust from patients on our data stewardship is critical. As we further develop our local data into cation capabilities, we are already enacting plans with our data controllers - NHS Trusts, LA Providers and GPs - to engage them with the use of the ICB data asset and in parallel to that we are beginning our own patient engagement and awareness campaign including a number of public forums to ensure that the public understand how in CM we use data and how we securely manage its use. This includes providing a dedicated phone line opt-out for projects or products for patients.</p> <p>As a Board we are assured by the messaging from NHS England about the role that ICS play, as with CM ICB, who already have their own secure data arrangements with rigorous controls in place for its use. The extract from NHSE says</p>	

"We are not mandating use of nationally procured software. There are already some great examples of trusts and ICSs that have their own data platforms that are successfully supporting local leaders to make decisions that improve patient care, staff experience and health outcomes.

A federated data platform is designed to build on, complement and connect with pre-existing systems and platforms ....."

We will engage closely with national colleagues to understand the developing conversation with the public and any key conclusions, whilst continuing to engage locally with our population to describe our controls and listen to views. I hope you are also assured that CM ICB is one of those ICBs that is mature in its use of data and its processes for maintaining secure access.

Furthermore, we have established through the office of the CDIO a digital design authority to oversee data and digital architecture and its uses - this design authority sets the standards for data usage across the ICB and is an additional safeguard and the place where any interaction with a national FDP is considered and tested against our ICB standards. This design authority will of course be also informed by our public engagement forums.

2	<p>The Exception Report – Finance (Board papers p162) ascribes the ICB adverse variance primarily to prescribing inflation and growth in CHC (Continuing Healthcare) budgets and packages of care exceeding planned levels. Over 60% of the ICB’s spending on CHC goes to private companies, primarily Access UK and Adam HTT, both part of the Access Group.</p> <p><b>Is the ICB trying to redirect spending on CHC from the private sector to local authorities? If so, how? If not, why not?</b></p>	Mr Greg Dropkin
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**Answer**

Access UK and Adam HTT are payment agencies who facilitate payments on our behalf to care home providers, rather than being the beneficiaries of the funding themselves. However, the majority of care homes are privately owned and very few local authorities now directly provide these services. Each local authority works closely with the care home market to ensure high quality and sustainable services continue to be provided and in some cases is looking at alternative public sector ownership The ICB utilises Local Authority provided services where available and clinically appropriate for the needs of the individual patient.

Questions Raised	Raised by
<p>3</p> <p>There have been two particular announcements of note from the Government this year with regards to additional funding for public services. £200 million <u>additional</u> to boost NHS resilience and care this winter pressures AND an <u>additional</u> £266.7 million for improvements in drug and alcohol treatment and recovery services (of which ICB C&amp;M will receive an extra £7.4 million YOY)</p> <ul style="list-style-type: none"> <li>• <b>Is Pharmacy being considered by the ICB as part of the NHS winter pressures funding and will any be allocated to support Pharmacy contractors in providing their essential services to patients</b></li> <li>• <b>With the additional pressures Pharmacy contractors are facing (funding restrictions, YOY increases in workload, store closures) has there been any consideration for additional funding to be given for Pharmacies to support drug rehabilitation services such as increasing the fees attributed to the enhanced services we provide in the local communities.</b></li> </ul>	<p>Mr Alec Meakins</p>
<p><b>Answer</b></p>	
<p>There is no additional funding being allocated to Community Pharmacy for winter pressures, however, Community Pharmacy is an integral part of our winter planning, hence the widespread rota allocation during the Christmas and New year Period period as well as having service level agreements with four pharmacies for the provision of Tamiflu.</p> <p>Drug misuse services across Cheshire and Merseyside are commissioned via the 9 Cheshire and Merseyside Local Authorities. As such we would recommend that this question is directed to the Public Health teams within each Local Authority.</p>	