Item 12

Public Involvement

Deputations from members of the public

Date: 18 November 2026

A period of not more than fifteen minutes shall be allowed at each ordinary meeting of the committee for the hearing of deputations from members of the public. Each deputation may be heard for a maximum of five minutes following which the committee Chair shall speak in response. It shall then be moved by the Chair and voted on without discussion that the spokesperson for the deputation be thanked for attending and its subject matter noted.

2 deputations have been received for the 18 November 2026 meeting. Each spokesperson is entitled to speak for 5 minutes.

A Deputation from Mr Hart

1 subject of deputation

Organisational Learning and Safeguarding Accountability Following the WellBN Investigation: What Should Brighton & Hove City Council Have Considered, What Can It Demonstrate, and What Independent Scrutiny Is Now Needed?

2 Supported by

Adrian Hart, Kate Sawyer, Louise Ford, Keith Burchfield, Lesley Hammond

3 Summary of deputation

Chair, councillors.

I am speaking on behalf of PSHEbrighton.

At the Committee's meeting on 8th July 2026, Mr Vallier asked what specific scrutiny activity HOSC would undertake to examine wider local safeguarding and system issues arising from concerns about the relationships between schools, youth services, primary care and specialist services.

In response, the Chair said:

“Following today’s meeting, I will discuss with committee members whether this is an issue they wish to scrutinise in depth.”

He also said he would consider whether it was appropriate to scrutinise the ICB's role in commissioning and overseeing local primary care services.

We welcomed that response. It recognised that the questions raised were not confined to the actions of any one service or organisation, and that there might be a legitimate role for this Committee in examining the wider system.

We are now seeking clarity about what followed.

Did the Chair's discussion with members result in a decision to undertake further scrutiny? If so, what was agreed, what is its scope and when will it take place? If not, has the Committee considered whether the wider questions merit an independently led review?

Our concern is that important questions about the interaction between schools, youth services, primary care and specialist services cannot necessarily be answered by examining each organisation in isolation. We need to understand how concerns are recognised, shared and escalated across organisational boundaries; how safeguarding responsibilities are coordinated; and how the relevant bodies identify and learn from patterns of concern.

We are not asking HOSC to reach conclusions about individual cases or to duplicate the work of other bodies. We are asking it to establish whether the wider local arrangements have been adequately examined, and whether an independent review is needed to provide assurance that the relevant organisations have identified and acted upon any lessons.

If no such examination has yet been initiated, we ask the Committee to consider commissioning or recommending an independently led review of the relevant local safeguarding, governance and partnership arrangements.

The purpose is constructive: to establish what has been learned, identify any weaknesses that need addressing, and provide public assurance that the arrangements intended to protect children and young people are working effectively.

Thank you.

4 Supporting information

References

[1] NHS Patient Safety Investigation into WellBN General Practice, Brighton NHS Surrey and Sussex Integrated Care Board, supported by NHS England, Patient Safety Investigation: WellBN General Practice, Brighton, June 2026.

[2] Dr S Redvers v NHS Sussex Integrated Care Board and Mr Adam Doyle — Employment Tribunal proceedings:

Three-week Employment Tribunal hearing concluded in late October 2026. Final written judgment expected in December 2026. The proceedings concern matters

relevant to the wider local NHS gender-services and governance context. No final Tribunal findings are yet available. See: https://www.thetimes.com/uk/healthcare/article/sarah-redvers-tribunal-nhs-trans-doctor-qqm376zp2: I was investigated by the NHS, called a transphobe and thought of suicide, Sarah Redver's concerns about a trans children's doctor became an ordeal that's fuelling calls for an inquiry — Hilary Cass says the case 'dwarfs' Tavistock

GP says she was forced out of job after raising concerns about gender treatment - BBC News https://www.bbc.co.uk/news/articles/cr5ynl415j79o

[3] Brighton & Hove Health Overview and Scrutiny Committee, 8 July 2026

The committee minutes and, ideally, the webcast recording or transcript of the meeting, including the exchange in which the Chair, Cllr Gary Wilkinson, undertook to discuss in-depth scrutiny with members and consider the question of ICB commissioning and oversight.

[4] Children Act 2004, sections 10 and 11

- Section 10: cooperation between relevant partners to improve children's wellbeing.
- Section 11: arrangements to ensure that functions are discharged having regard to the need to safeguard and promote children's welfare.

[5] Department for Education, Working Together to Safeguard Children (2026)

The statutory guidance on multi-agency safeguarding arrangements, the responsibilities of local authorities and safeguarding partners, information-sharing, professional challenge and learning.

[6] Brighton & Hove Safeguarding Children Partnership, Annual Report 2023–24

The Partnership's account of its governance, independent scrutiny, learning and assurance arrangements.

[7] Department for Education, Understanding independent scrutiny in safeguarding partnerships (2026)

B Deputation from Clare Jones

1 subject of deputation

No Palantir in Brighton and West Sussex NHS

2 Supported by

Clare Jones, Jathan Granger, Rufus George, Andrew Rose, Chris David, Georgia Musson

3 Summary of deputation

Dear HOSC members

Thank you for hearing our deputation today.

This follows on from emails sent by Jathan Granger, the submission of our Open Letter to local NHS bodies and our question to and answer from University Hospitals Sussex NHS Foundation Trust (UHS) at their board meeting on 17th September 2026.

We're sure that HOSC members will be aware of the Federated Data Platform (FDP) and the contract for it being awarded to Palantir in late 2023. Please see our supporting information / resources for more details and background.

These resources include information about Palantir. We don't have time today to go into all their issues but as Amnesty UK says:

"Any company profiting from wide spread human rights violations has no place in our NHS"

Today we would like to ask the HOSC to exercise it's duty to assure the public that local health services are safe and effective.

We are asking for scrutiny of the local use of the FDP and it's Palantir software applications. We know that UHS are using several applications, despite the use of the FDP and the Palantir software not being mandated. We also know that local people are concerned about their health data being used by a company such as Palantir, and are also extremely concerned that there is currently no 'opt-out' for this platform.

Nearly 700 local people have signed an Open Letter asking their NHS bodies to pause and reconsider their use of the FDP. They say that public trust is integral to the functioning of any public health system and the collaboration with Palantir undermines this.

This letter was submitted to UHS in early September and there has been no response, which is concerning in itself. We're sure you will have seen the concerns of two cross party House of Commons Committees in the Summer. (the Science, Innovation & Technology Committee 03.06.26 and the Health & Social Care Committee 09.07.26). Interestingly, not only does this echo local feeling but both committees urged the Government not to extend the Palantir contract beyond February 2027.

As well as reputational damage to the NHS being associated with Palantir, the following were identified:

1. There is a threat to personal data.
2. There is a lack of accountability.
3. There is inefficiency. (it is becoming widely reported that NHSE & Palantir claims for its software are exaggerated, please see the letter from over 100 NHS data, digital & tech staff which outlines this)
4. There is a risk to the NHS of vendor lock in

Further to our Open Letter, we submitted a question to the UHS board on 17th September 2026, with their answer being published the same day. We would like to bring a part of their answer to the attention of the HOSC. It concerns data and its safety.

They say that, " it is important to be clear that patient data remains under NHS control...access is strictly controlled, governed by NHS information governance...and only authorised NHS users can access data..."

Unfortunately, we know that this is not completely accurate. In May 2026 the Financial Times reported that staff working for Palantir have been granted 'unlimited access' to identifiable patient data while working on the FDP. NHSE had to apologise after this expose and introduce additional governance systems. (Read more here)

We think the public concerns about our data needs more than 'respect' as UHS indicate in their response, it needs scrutiny and action.

We ask the HOSC for:

1. Publication of the data protection impact assessment and any data sharing agreement covering the platform, with commercial redactions clearly marked.

2. A review and publication of the policy on secondary uses of patient data by external suppliers, including how patients may object.

3. A statement of what measurable improvements in hospital processes were expected and what has been measured to date.

4. A meeting with patient representatives, and with ward councillors, before any expansion of the platform's use.

1. A public endorsement of the 'Back the Break Clause' campaign - including urging the council, councillors and MP's to support it.

4 Supporting information

Please see the following links to supporting documents and evidence summaries.

Evidence summary 2026

https://www.amnesty.org.uk/issues/international-crisis/no-palantir-in-our-nhs/

https://www.medact.org/2026/resources/briefings/briefing-palantir-fdp/

https://www.medact.org/2026/resources/beyond-palantirs-fdp/

https://www.medact.org/2026/resources/fdp-palantir-roll-out-report/

https://nopalantirinthenhs.com/