

**BRIGHTON & HOVE CITY COUNCIL**  
**HEALTH OVERVIEW & SCRUTINY COMMITTEE**

**2.00pm 26 SEPTEMBER 2025**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Wilkinson (Chair)

**Also in attendance:** Councillor Evans (Deputy Chair), Hill, Hogan, Mackey, Oliveira, Parrott and Simon

**Other Members present:** Geoffrey Bowden (Healthwatch), Mo Marsh (Older People's Council)

**PART ONE**

**9 PROCEDURAL BUSINESS**

9.1 No members attended as substitutes. Cllrs O'Quinn and Cattell and Nora Mzaoui sent apologies.

9.2 Geoffrey Bowden (Healthwatch Brighton & Hove) declared a personal interest as Healthwatch had been involved in evaluation of the bids for the Whitehawk APMS contract.

**9.3 RESOLVED** – that the press & public be not excluded from the meeting.

**10 CHAIR'S COMMUNICATIONS**

10.1 The Chair gave the following communications:

This is a special meeting to look at issues relating to the procurement of a new GP contract for Whitehawk. As members will be aware, there has been lots of concern voiced about the way in which this tender has been conducted from people living in East Brighton, local Councillors, community groups and the MP for Brighton Kemptown. I have also been contacted by members of the HOSC requesting scrutiny of this issue.

Reflecting this interest, we have some public questions today. These are very welcome, and I hope that we'll be able to get answers to at least some of the questions posed later in today's meeting. If that's not possible, I will ensure that we continue to explore these issues until all these questions are answered. I've also had representations from Councillors who don't sit on this committee but who do represent Whitehawk and adjoining areas who are keen to take part in today's meeting. I've invited these

members to join today's teams call – they are welcome to ask questions as guests of the committee.

It's clear that there have been problems with this procurement. This is evident from the advisory report of the Independent Patient Choice & Procurement Panel, which is included in the papers for this meeting. I'm keen to learn what went wrong and what can be improved, not just in terms of the formal tender process, but also in terms of community and stakeholder engagement before the tender started.

It's important to note that the ICB has commissioned an external review of the procurement process, which is due to report this autumn. This external review is welcome, not least because it may consider matters not considered in the Patient Choice & Procurement Panel report. This is because Panels are only able to respond to specific issues raised by bidders and can only focus on potential breaches of NHS procurement rules. To be clear about the decision to consider this item today: we could have delayed scrutiny until this report is published. However, there is so much community concern about this issue that I thought it was essential to meet as soon as possible. The committee can always revisit this matter when the external review has been published.

In consequence, I have asked NHS Sussex Integrated Care Board who are responsible for commissioning local GP services to attend this special meeting, and I'm grateful that we have the ICB's Chief Executive, Adam Doyle, and Chief Integration and Primary Care Officer, Amy Galea, here today as well as Lola Banjoko, the ICB Deputy Chief Integration and Primary Care Officer. Adam has unavoidable commitments later today and will have to leave the meeting if it runs past 3:30, but Amy and Lola Banjoko will be able to stay on if required.

There are a couple of potential constraints on our discussion today. Firstly, we need to be mindful that the ICB has commissioned an external review of the procurement and that that review is still underway. The ICB representatives will not be able to make any statements or comments in public which they consider could potentially influence or prejudice the review's findings. Secondly, there are significant elements of any tender process that must be treated as confidential because they include commercially sensitive information, including about the providers who have submitted bids. This is a real concern, which is also relevant to the outcome of this much-needed procurement.

We do have the facility to go into confidential session today and – given the nature of the subject matter – I will keep under review whether it is necessary to do so. However, because this is an issue of such community concern, I do want to discuss as much as we can in public. This may mean that we have to keep discussion fairly high level and won't be able to dive into details as much as we'd like to. We don't want to come in and out of confidential session, so I will take as much as I can in public before going into Part 2 session if we need to.

I think it may be helpful to set out the areas that I think we should be able to cover, at least in part, in public session today.

Firstly, the committee will want to enquire as to why the decision was made to go to competitive tender for this contract. Even when everything runs smoothly, competitive

tender is an expensive and potentially disruptive process, and we will have questions about the rationale for, and the costs involved in this decision.

Secondly, we will want to hear what engagement prior to the formal tender process was undertaken with patients, local residents and community organisations, and whether this was a sufficiently robust process.

Thirdly, Whitehawk is not a typical area of our city: there are really high levels of deprivation there, but also a real community spirit and lots of community organisations that play a vital role. The committee will want to know what account was taken by NHS Commissioners of the special nature of Whitehawk and how this was reflected in thinking about the contract. For instance, how was social value factored into the design of the new contract?

Fourthly, the Independent Patient Choice & Procurement Panel has already published its review – this is included as Appendix 1 to the committee report. However, we've recently been informed that NHS Sussex has also commissioned an independent review of the tender. We'll have questions about why this second review is required, who is leading it, whether it will consider all the issues identified by the panel review, when it is expected to report, and whether the report will be made public.

There is clearly public concern about the way that the formal tender process, and in particular the evaluation of bids, was conducted. This is an important area of enquiry. However, there are some real issues of commercial confidentiality here, and I'm not sure we're likely to get very far in terms of discussing these details in public session and in advance of the NHS Sussex-commissioned review reporting. We may be better advised to wait until the review has concluded if that means that we can scrutinise issues in public session at a later meeting.

## **11 PUBLIC INVOLVEMENT**

### **11(a) Public Question from Mr William Barry**

#### **11.1 Mr Barry asked the following question:**

My name is William Barry I'm a 70 year old veteran and I am a longstanding patient at the Wellsbourne centre, and have been so happy with the services I have received there, that I chose to remain even when I moved out of area, rather than switch to my nearest GP service. I have been outraged at the way the procurement process has played out, not least because there didn't seem to be any consultation process to speak of, no one seemed to care what the patients think, and I have written previously to councillors and to the Health Secretary Wes Streeting to express my dismay and anger!

I understand from campaigners that the procurement was judged by an NHS England panel to be deeply flawed, and has therefore been at least paused. I would like to be reassured that this pause will turn into a complete halt, and that we will be able to keep our fantastic GP service exactly as it is. Whitehawk has had such problems with GP provision for in the past, when the figures show that health inequalities persist at such a high level in our city, why would we risk swapping such a successful community interest service for a 'for profit' provider!?

- 11.2 It was agreed that a written response to this question would be provided. The following response from NHS Sussex Integrated Care Board was subsequently shared with Mr Barry:

Thank you for sharing your feedback on the services you have been receiving from Wellsbourne Healthcare CIC. We can share that we regularly review patient satisfaction alongside performance data, and this was taken into account with the development of the new seven year contract. The new contract was designed to set clear outcomes expected from a provider to address health inequalities in the Whitehawk area, alongside the high quality primary medical services that a provider would be expected to deliver.

NHS Sussex undertook the procurement in line with the Provider Selection Regime 2023 (PSR 2023) after initial discussions with the current provider could not agree a position, and then after an understanding of the market after the recent procurement for a new contract for the Brighton Station Health Centre.

On 24 July, the ICB made a decision to stop the procurement for this new contract for GP services in the Whitehawk area of Brighton and Hove and we are considering how we can best ensure high quality services for the local population for the future. A key part of this is the independent review that we have commissioned and we will consider the next steps after the conclusion of this.

Separately, we have agreed a contract extension with Wellsbourne Healthcare CIC to continue providing services for the next 12 months. NHS Sussex has responsibility to ensure access to primary medical services for the Whitehawk population, and this extension ensures uninterrupted patient care while we commission the independent review and determine next steps.

In developing our next steps to this, we will reconsider how best to engage with the local community, specifically those registered with the practice.

### **11(b) Public Question from Mr James Joughin**

- 11.3 Mr Joughin asked the following question:

Polly Toynbee's article in The Guardian suggests that the tender process for Wellsbourne Healthcare was unnecessary and that all the subsequent confusion could've been avoided. Can we be told what the costs to the system have been? That is, the extra costs for the ICB in running the tender and evaluating the proposals and running three internal appeals, extra costs for the existing practice in preparing its proposal and then defending itself from all the fallout, staff lost amidst the uncertainty, even meetings like this having to be called?

Can we hope that the perverse outcome that shocked patients and the community will give the ICB second thoughts before they embark on the next phase of this process?

- 11.4 It was agreed that a written response to this question would be provided. The following response from NHS Sussex Integrated Care Board was subsequently shared with Mr Joughlin:

We are sorry for your concerns about the process.

NHS Sussex undertook the procurement in line with the Provider Selection Regime 2023 (PSR 2023) after initial discussions with the current provider could not agree a position, and then after an understanding of the market after the recent procurement for a new contract for the Brighton Station Health Centre. The new contract set clear outcomes expected from a provider to address health inequalities in the Whitehawk area. Through robust contract monitoring our responsibility would have been to ensure that this was delivered, as well as access to high quality primary medical services. In terms of cost, procurement processes are part of ICB core business. We did not bring in any additional resource or incur additional costs to run the process to date. Any future procurement will also be delivered by ICB teams.

Additional costs have only been incurred in relation to the independent review to date. The review has been commissioned by NHS Sussex to ensure transparency, accountability, and continual improvement in the procurement stage of the commissioning cycle. The findings will help inform future procurement activity and offer actionable insights and learning opportunities for staff within NHS Sussex.

## **12 MEMBER INVOLVEMENT**

- 12.1 There was no formal member involvement. However, the Chair noted that he had been approached by Cllr Williams and Cllr Fishleigh, both asking to ask questions of NHS partners. The Chair agreed that the members should attend the committee is guests so they could put their questions directly to NHS Sussex Integrated Care Board.

## **13 WHITEHAWK ALTERNATIVE PROVIDER MEDICAL SERVICES (APMS) CONTRACT**

- 13.1 This item was presented by Adam Doyle, Chief Executive; and by Amy Galea, Chief Integration and Primary Care Officer, NHS Sussex Integrated Care Board (ICB). Lola Banjoko, ICB Deputy Chief Integration and Primary Care Officer, was also in attendance.
- 13.2 Mr Doyle told members that, some years ago, there had been a good deal of fragility in the Brighton & Hove primary care system. In response to this, commissioners had instituted 3 Alternative Provider Medical Services (APMS) contracts, at Arch GP practice, Brighton Station, and at Whitehawk. APMS contracts do require regular review to ensure that they continue to deliver value for money and a quality service in terms of both the primary care map for Brighton & Hove and for Sussex as a whole. The Brighton practices are the only practices in Sussex holding APMS contracts.
- 13.3 Amy Galea told the committee that the Whitehawk APMS contract includes a standard NHS general practice contract element plus a deprivation premium. The current Whitehawk contract was let in April 2018 for a period of 5 years. The contract has been under review for some time, and in April 2023 was extended for an additional year to

give more time to agree future arrangements. As part of discussions, the current provider, Wellsbourne Health Community Interest Company (Wellsbourne), was offered a new contract but declined to accept this within the funding envelope available. Subsequently, the ICB published a Prior Information Notice (PIN) indicating to the market that it was minded to proceed to tender at a stated value. There was market interest in this, and the ICB began the tender process.

- 13.4 The tender process was paused when it became evident that there was a discrepancy between the contract value and the current staffing costs submitted by Wellsbourne. During the pause, all bidders were made aware of the potential for the contract to generate income in addition to the core contract value, via Quality Outcome Framework (QOF) and Locally Commissioned Services (LCS) payments.
- 13.5 The tender process was resumed, and in March 2025 the ICB announced its intention to award the contract to a different provider. Wellsbourne challenged this decision on 2 occasions, citing perceived flaws in the procurement process. After the ICB reiterated its intention to award, Wellsbourne asked for review by the Independent Patient Choice and Procurement Panel (the panel). This was agreed, and the panel investigated Wellsbourne's complaints, publishing its advisory report in July. The panel report's main recommendation was that the ICB should suspend the tender and re-start it from the Invitation To Tender (ITT) stage. The ICB has subsequently announced that it will commission a wide-ranging external review of the tender process. The ICB has also extended the current APMS contract by an additional 12 months.
- 13.6 Mr Doyle told members that the review report will be published, potentially with some redactions of commercially sensitive information. The report will initially be presented to the ICB's Audit Committee and will also be shared with NHS England. The review will include all aspects of the tender process, including all the issues highlighted by the panel report. It will also look at engagement. Once the report has been published, the ICB will need to consider its next steps.
- 13.7 The Chair asked why there wasn't more exploration of a direct award to the current provider, particularly given how deeply embedded Wellsbourne is in the local community. Ms Galea responded that it was not possible to go into detail about the ICB's conversations with Wellsbourne. However, the ICB does have a duty to provide value for money, and it should be noted that there was interest from the market in the contract at its advertised value.
- 13.8 The Chair asked whether a direct award was still a potential outcome here? Mr Doyle replied that he did not wish to pre-empt the review findings. However, there will be a number of options open to the ICB and this includes direct award.
- 13.9 Cllr Evans noted that there has been lots of praise for the work that Wellsbourne has done, including in the past from the ICB. However, in a short period of time, a decision was made to go to competitive tender. It remains unclear what happened here. Mr Doyle acknowledged that Wellsbourne did very constructive work on the Integrated Community Team (ICT) programme, as did many localities across Sussex. Mr Doyle is seeking clarification on what occurred in terms of any offer of a direct award, but his current understanding is that Wellsbourne declined an offer because of the level of funding proposed.

- 13.10 Cllr Evans noted that the situation where APMS contracts are regularly reviewed, but General Medical Services (GMS) contracts are not, is unsatisfactory. The committee should consider lobbying for APMS to be brought in line with GMS in this respect to help provide stability.
- 13.11 Cllr De Oliveira asked for the timeline of the review. Mr Doyle replied that the review provider will be announced in the next week. The review is expected to take 10-12 weeks, with a report published in early 2026.
- 13.12 Cllr De Oliveira asked a question about the pre-tender engagement. Ms Galea replied that this was focused on an online survey asking people to recount their experiences of receiving services. The survey was open to everyone in the area, reflecting the fact that Wellsbourne provides services for local residents who are not necessarily registered at the practice. In addition to the online survey, there were 4 in-person meetings, plus specific engagement with local voluntary and community sector organisations. 56 survey responses were received. Cllr De Oliveira queried whether a digitally led approach to engagement was the best choice for Whitehawk where many people are digitally excluded. Mr Doyle responded by acknowledging that there has been some negative community feedback regarding engagement. The ICB will look very at what the review has to say on the engagement process, and will learn the appropriate lessons. Ms Galea added that it was important to recognise that the ICB regularly collects community feedback on the services it commissions: the data from the specific Whitehawk survey forms only part of the data it used to inform its thinking around the APMS contract.
- 13.13 Cllr Fishleigh (attending as a guest) asked whether it was possible to just abandon the tender. Mr Doyle replied that this was a possible outcome, but the ICB would need to be assured that this was the best course of action, and will need to wait for the review to report before making any decision about the future of the tender.
- 13.14 Cllr Fishleigh asked how patient satisfaction was assessed for other bidders to the contract. Mr Doyle replied that there was a process for capturing this information as part of the tender bid evaluation. The review will look at how robust this was.
- 13.15 Geoffrey Bowden (Healthwatch) explained the role that Healthwatch Brighton & Hove has played in the bid evaluation process. Ms Galea confirmed to the committee that the review will look closely at the processes adopted in terms of the evaluation of bids.
- 13.16 Cllr Hogan noted her disappointment that the review process had not yet begun. Mr Doyle acknowledged this but stressed that it was important that due process was followed. To be of value the review needs to be both rigorous and independent and these arrangements do take time to agree.
- 13.17 Cllr De Oliveira asked whether the review report would include extracts from the minutes of the bid evaluation meetings. Mr Doyle replied that he is committed to do everything possible to be transparent, but some material may be commercially sensitive.
- 13.18 Cllr Hill asked about reported statements made by Wellsbourne. Ms Galea replied that she was not in a position to speak for Wellsbourne. She noted that procurement rules do restrict what bidders for a contract can say in public.

- 13.19 Cllr Hill asked a question about some providers purportedly lacking access to details of Locally Commissioned Services. Ms Galea responded that there may not have been total clarity about this in the tender documents. However, the successful bidder for a contract of this type would be expected to have a good understanding of how to access information.
- 13.20 Cllr Hill asked about details of a question in the Invitation To Tender documents relating to bidders communicating with patients. Ms Galea replied that the ICB believe that they followed good practice here. However, the panel report has queried this, so this will be one of the areas that the review will focus on.
- 13.21 Cllr Evans noted that it is not uncommon for some larger bidders for contracts to be expert making pitches, but sometimes less expert at actually delivering services. Cllr Evans also noted that having only 56 responses to the online survey is disappointing when there are more than 8000 people on Wellsbourne's patient list.
- 13.22 Cllr Evans asked why there was the APMS contract has only a minimum weighting for social value. Mr Doyle responded that it is important to look at the contract weighting in the round: the social value element is low, there is a high rating for health inequalities which addresses similar issues. This is an area that the review will focus on.
- 13.23 Cllr De Oliveira asked whether the ICB would apologise to the local community for its mistakes in the tender. Mr Doyle replied that he was committed to ensuring that the investigation of the tender is both swift and thorough. This is important for local people. He would be happy to apologise for flaws in the tender process if the review requires this.
- 13.24 Cllr Simon commented on the poor response to the engagement survey and queried whether the ICB had involved community groups to assist with outreach and how many people had been involved in the in-person engagement sessions. She also asked what the data from the survey had been used for. Ms Galea responded that community groups had been involved and that the survey data was used to inform the contract specifications, for example in terms of the weighting in the contract for health inequalities. Ms Galea agreed to provide details of the number of people attending in-person sessions.
- 13.25 The Chair asked whether a full chronology of the tender process would be included in review report. Mr Doyle confirmed that it would be.
- 13.26 Cllr Mackey asked a question about whether the principles of the Marmot review had informed the contract specifications. Mr Doyle replied that the contract specification did indeed focus on health inequalities in line with Marmot principles.
- 13.27 Cllr Parrott asked whether the ICB was committed to re-engaging with the local community, and said that Councillors would be happy to assist with this. Mr Doyle replied by saying that it was clear that there was a need to have an open conversation with the local community. He welcomed the offer to co-design this with Councillors.



- 13.28 There was discussion of whether the lead reviewer could be invited to a future HOSC the review is discussed. It was agreed that attendees should potentially include Mr Doyle, the lead reviewer and a representative of NHS England.
- 13.29 Cllr Evans asked why the ICB would not apologise now rather than waiting for the completion of the review, as it is clear from the panel report that significant mistakes were made. Mr Doyle replied that there are various views on the panel's recommendations. This is why it is so important to have an external review which looks at the whole tender process.
- 13.30 The Chair thanked the presenters for their contributions.
- 13.31 RESOLVED** – that the report be noted.

## 14 PART TWO PROCEEDINGS

The meeting concluded at 3.43pm

Signed

Chair

Dated this

day of