

Report to: Councillor Alex Sanderson, Deputy Leader

Date: 03/03/2026

Subject: Contract award for H&F Tier 2 Adult Weight Management Service

Report of: Dr Mayada Abu Affan, Interim Director of Public Health

Report Author: Jessica Dawson, Public Health Principal

Responsible Director: Jacqui McShannon, Executive Director - People

SUMMARY

Local authorities have a legislated duty to take appropriate steps to improve the health of the people who live in their area, and to provide facilities for the prevention or treatment of illness. This covers a range of public health services, including effective multi-component lifestyle weight management services.

This report seeks approval of a contract award for the delivery of a new Weight Management Service for Hammersmith & Fulham, to commence on 1 April 2026 for a minimum three-year term, with the option to extend for a further two years (3+2). The procurement was conducted under the Health Care Services (Provider Selection Regime) Regulations 2023 and the Council's Contract Standing Orders.

RECOMMENDATIONS

That the Cabinet Member:

1. **Notes** that Appendices 1–4 and Annex 3 are not for publication on the basis that they contain information relating to the financial or business affairs of any particular person (including the authority holding that information) as set out in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended).
 2. **Approves** the intention to award the contract to the preferred supplier for the delivery of a new Weight Management Service for Hammersmith & Fulham.
 3. **Delegates authority** to the Interim Director of Public Health, in consultation with the Executive Director of People's Services, to finalise the award and enter into the contract.
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Wards Affected: All

Our Values	Summary of how this report aligns to the H&F Corporate Plan and the H&F Values
Building shared prosperity	The new service will aim to support residents in leading healthy lifestyles and prevent any residents with health and wellbeing needs 'falling through the gaps' in current local provision.
Creating a compassionate and inclusive council	Further enhancing our Public Health commissioned services offer will ensure that residents are supported to be healthy and reach their full potential and will give individuals greater choice and control over their lives.
Doing things with local residents, not to them	The service specification required that the new provider ensures that resident engagement is at the heart of service development, delivery and continual improvement to ensure that their needs are being met and the service adapts to meet emerging needs. Hearing directly from service users will be an element of contract management for the service.
Being ruthlessly financially efficient	We are changing how we invest, in line with other London boroughs, with a greater focus on prevention and early intervention, and better service integration to achieve cost efficiencies.
Taking pride in H&F	Quality provision in collaboration with other services and focusing on prevention and early intervention will ensure positive health and wellbeing outcomes for all.
Rising to the challenge of the climate and ecological emergency	The provider has committed to environmental outcomes as part of their social value offer. There will also be an opportunity to retain some newer ways of delivering the service as a result of Covid-19; for instance, fewer staff needing to travel due to the digital delivery of some elements of the service.

Financial Impact

As mentioned in recommendation 2 is to award a contract to the preferred supplier, for the delivery of a high-quality weight management service with effect from 1 April 2026 to 31 March 2029 as an initial contract term (with option to extend once for 2 years).

This will be funded from the Public Health ringfenced grant subject to Council budget sign-off for each appropriate year.

There are no Medium-Term Financial implications applicable to this contract.

Further financial details, including the annual maximum budget available, are contained within the exempt Appendix 2 of the report.

Name: Cheryl Anglin-Thompson

Email: cheryl.anglin-thompson@lbf.gov.uk

Role: Principal Accountant ASC Commissioning & PH

Date: 5th February 2026

Verified by: James Newman, AD Finance, 11 February 2026

Legal Implications

This report recommends approval of a contract for a new adult weight management service. Since the services are 'healthcare services', the procurement is regulated by The Health Care Services (Provider Selection Regime) Regulations 2023 ('the Regulations') and the procurement has been carried out in accordance with those Regulations.

There are strong transparency requirements under the Regulations including keeping records of decisions on the relative importance of each key criteria and how the assessment of providers against key criteria was made and publishing a notice confirming the decision to award. The Council is expected to ensure that it makes decisions in the best interests of people who use the service by securing the needs of the people who use the service, improving the quality of the service and improving efficiency in the provision of the services.

The appropriate decision maker is the Cabinet Member.

The decision is a Key Decision (see Article 12 of the Constitution) and the report must be submitted to Committee Services for publication on the Council's website.

Joginder Singh Bola, Senior Solicitor (Contracts & Procurement), 04/02/2026

Procurement Comment

Based on the details provided in this report Contracts Standing Orders Section D High Value Contract has been complied with. The contract falls within the scope of The Health Care Services (Provider Selection Regime) Regulations 2023 the procurement route was the competitive process.

The Procurement Team has reviewed the moderated scores and assured the weighted scores are correct in line with the methodology published document suites for this procurement.

The contract must be added to the capitalEsourcing eProcurement portal, to ensure it is published on the Council's Contract Register in line with the legislated transparency obligations, and all applicable legal notices must be published within their legislated deadlines.

A named contract manager must be allocated to the contract on the Council's capitalEsourcing eProcurement portal.

Jacqueline Rutherford Category Specialist 4th February 2026

Background Papers Used in Preparing This Report

N/A

DETAILED ANALYSIS

Background

1. Approval was granted by the relevant Cabinet Member (Deputy Leader, Cllr Sanderson) on 9 December 2024 to procure a new weight management service for Hammersmith & Fulham (H&F).
2. The procurement process was initially planned to commence in early 2025, however due to national policy and obesity management guideline changes with the introduction in NHS usage of new GLP-1 weight loss medications from June 2025, the procurement was delayed to ensure the new service specification was coherent with broader obesity management pathways.
3. The tender launched on 29 October 2025 and followed a transparent, competitive procurement process with strong market interest.

Reasons for Decision

4. Providing health improvement and preventative public health services that improve the health of people who live in the borough is a duty of local authority public health teams and therefore commissioning this service will assist H&F in meeting their legislative obligations.
5. The new service will deliver universal early intervention and obesity prevention services for all ages across the lifespan, with a focus on communities at higher risk of developing obesity; and a targeted 'Tier 2' adult weight management programme for adults who reside, study or are registered with a GP in H&F.
6. Procuring a weight management service for the borough aligns with both the H&F Corporate Plan 2023–2026¹ and the H&F Health and Wellbeing Strategy 2024–2029². It supports the Council's commitment to building a stronger, safer, and kinder borough by enhancing early intervention and prevention efforts, and ensuring that residents have access to supportive and effective weight management services.

¹ : [The H&F Plan - 2023 to 2026 | London Borough of Hammersmith & Fulham](#)

² [1378 - H&F Health & Wellbeing Strategy 2024-2029 proof 7.indd](#)

7. The new weight management service will support key H&F priorities related to living well and ageing well; early intervention; and supporting people with special educational needs and disabilities (SEND). It will also complement delivery of the Council's new Active Wellbeing Strategy and associated action plan.

Contract Specification Summary

8. The new weight management service will provide both universal and Tier 2 weight management provision for those who live, study and/or are registered with a GP in H&F. The service will be adaptable and tailored to the local population, taking into account the diverse cultures and languages spoken in the borough. An essential component in development and continuous improvement of the service offer will be co-production with local communities.
9. The universal prevention component will support all eligible service users across the lifespan – from parent workshops on healthy eating and behaviour change in schools and in community settings such as Family Hubs, faith centres and housing estates; outreach and campaign work, especially in communities where there is a higher prevalence of obesity in the borough; to systems support and training, supporting a broad range of services in the borough such as VCS organisations to embed a 'making every contact count' approach into their interactions with residents that supports awareness of healthy lifestyle approaches and services available in H&F.
10. The 'Tier 2' behavioural weight management programme for adults will be multi-component and tailored to H&F service users, with a minimum 12-week weight management support programme delivered either in-person; digitally; or in a hybrid format depending on the preferences and needs of the service user. The service will ensure best practice and excellence in service outcomes through their in-house dieticians and nutritionists, qualified psychologists, and registered health and wellbeing coaches, and will provide a new digital platform with behaviour change tools and links to other healthy lifestyle services in the borough to ensure that the service is integrated and part of a coherent obesity pathway.
11. The service provider will chair a new governance board focused on healthy lifestyles and a whole systems approach to obesity prevention, to ensure clear referral pathways and integration with other public health commissioned services (e.g. substance misuse, smoking cessation, NHS Health Checks) and other local services such as mental health provision, sport and leisure services and organisations working in the food space.
12. The contract will be awarded for an initial period of three years, with an option to extend for a further period of two years (3+2).

Procurement Route and Analysis of Options

13. The service being procured has been identified as falling within the scope of [CPV code](#) 85323000-9 (community health services) and the Contract Value, assuming that any options to extend will be taken, means the procurement falls in-scope of

the Provider Selection Regime (PSR) and the Council’s Contract Standing Orders (CSOs).

14. The procurement process has been undertaken in accordance with the procurement strategy at Annex 2 agreed by the relevant Cabinet Member on 9 December 2024, and CSO 11 of London Borough of Hammersmith and Fulham Council’s CSOs, which defined the process to be followed.
15. The procurement opportunity was published on the Find a Tender Service (FTS) via the Council’s procurement portal (CapitalESourcing), with the reference itt__19163 and FTS notice identifier 2025/S 000-069395, on 29 October 2025. The opportunity remained open until 25 November 2025.
16. The quality (including added value), and price weightings applicable to this procurement process are set out below.

Criteria	Weighting	
	Quality	Added value
Quality (incl. added value) (60%)	48%	12%
Price (40%)	40%	
Total (100%)	100%	

17. Procurement responses were received from 9 (nine) Potential Suppliers, of which 6 (six) were evaluated as being potentially contractable.
18. Following assessment and moderation of the remaining compliant procurement responses received, moderated weighted scores were confirmed. Details of these are included in exempt Appendix 4 of this report.
19. The preferred supplier’s procurement responses have been objectively assessed as providing an appropriate quality of service.

Option 1: Decommission the service or requirement – Not recommended

20. This is not recommended as it would mean not having a service for weight management in the borough, which is a standard service commissioned by Public Health in local authorities in the UK, and helps H&F to meet the duty of local authority Public Health teams to improve the health of people who live in their area (Section 12 of the Health and Social Care Act 2012).

Option 2: Deliver the service in-house (make/buy decision) – Not recommended

21. This is not recommended due to the need for an appropriate clinical governance structure and workforce, which is not currently in place within H&F to make this possible. There are also significant cost, risk and oversight implications if sought to implement this option. Furthermore, the required software systems are not currently in place to support provision of this service in-house.

Option 3: Use an existing contract, established by the Council, to provide the supplies, services, and/or works – Not recommended

22. This is not recommended as there has not been a weight management service commissioned by the Council since the previous weight management service was decommissioned in 2023. There are no appropriate existing services with the required key supplier staffing to deliver this service in H&F.

Option 4: Undertake a fully regulated competitive and compliant procurement process, advertised to the market – Recommended

23. This procurement process was agreed in the procurement strategy in December 2024, adhering to the Provider Selection Regime's competitive process procedure. A transparent, open process was followed, allowing any eligible providers to bid via CapitalESourcing following market engagement. Given a very buoyant market for weight management service providers in London, this process allowed market testing, provider innovation, and ensured best value.

Market Analysis and Engagement

24. Preliminary Market Engagement (PME) was undertaken for this requirement.
25. The initial PME, carried out from April 2023–October 2025 consisted of consultation with residents, health care providers, conversations with commissioners from other boroughs, and attendance at the UK Congress on Obesity in 2024 and 2025. This engagement and was used to understand gaps in current provision; opportunities for integration with local and regional services; changing resident needs with the introduction of new weight loss medications; and best practice and innovation in weight management service provision across London and the UK.
26. Distortion of competition during market engagement activities was avoided through publishing the opportunity to take part in market engagement activities on the Find A Tender Service (FTS) (notice identifier 2024/S 000-025699), on 13 August 2024. The Prior Information Notice (PIN) advertised the open opportunity for prospective providers to attend a market engagement session on Microsoft Teams on Tuesday 10 September, 2024, providing a reasonable timeframe for prospective providers to register to attend. The session was well attended, with 43 people joining, with the session providing an overview of the proposed service model and procurement timetable, and feedback was sought from attendees. Feedback from this session and earlier engagement were incorporated into the service specification that was eventually used in tender documentation.

Conflicts of Interest

27. All officers and decision makers, including elected members (where appropriate), have been required to complete a Conflict of Interest Declaration form to record any actual, potential, and/or perceived conflicts, along with appropriate mitigations (as appropriate), on the Conflicts Assessment.
28. Approval of this Award Report by the Strategic Leadership Team (SLT) member and elected member constitutes their declaration that they do not have any

actual, potential, and/or perceived conflicts, relevant to this procurement, except where a specific Conflict of Interest Declaration form has been completed and provided, advising differently.

29. The Conflicts Assessment will be kept under review and updated throughout the life of the project (from project inception to contract termination).

Local Economy and Social/Added Value

30. The market for Weight Management services is well established in London, with most other local authorities commissioning or delivering these types of services in their areas. The cost of the service to be commissioned in H&F has been benchmarked against other London local authorities, taking into account the size of adult populations, obesity prevalence and complementary services.
31. The contract will specify the need to work in collaboration with the Council, other service providers, and residents, to deliver consistent, high-quality services for H&F, responding to evolving needs and changing demand, and continuously driving innovation and improvement.
32. As part of the tender, bidders were required to make a social value commitment which was independently assessed by the Social Value Portal via the TOMS Framework, with a social value score awarded for each bid. All bidders were required to be a London Living Wage employer, as a minimum.

Lot Considerations

33. The contract is not being split into lots, due to the contract value and to realise the benefit of having key supplier staff and service provision integrated into one service.

Duty to Consider Small and Medium-sized Enterprises (SMEs) and Voluntary, Community, and Social Enterprises (VCSEs)

34. The procurement process reduced barriers to SMEs and VCSEs by running an open procurement process, open to bidders from organisations of all sizes, so long as they met the minimum financial requirements. The invitation to tender highlighted the value that smaller, local organisations offer in relation to understanding service users and their local communities.

People Based Considerations

35. The Transfer of Undertakings (Protection of Employment) Regulation 2006 (UKSI 2006/246) (TUPE) is not applicable to this contract, as there is not an existing service provider for this service in H&F.

Risk Assessment and Proposed Mitigations

36. The table below includes the key risks and proposed mitigations identified as being relevant to this requirement.

Identified Risk	Proposed Mitigations
1. Meeting procurement timetable deadlines due to resourcing constraints	Appropriate officers from Public Health and Procurement have worked closely together in the preparation of documents and in undertaking procurement activities. A project group including legal, procurement and finance colleagues have been meeting regarding this procurement since 2024.
2. Not receiving bids from eligible providers	Several years of informal engagement and a formal market engagement session held in 2024 have ensured that several bids were received from a wide range of eligible providers.
3. Risk of providers not being able to deliver within the allocated budget or the bids submitted are beyond the budget envelope	Robust benchmarking and comparison of existing contract rates was undertaken to ensure that the budget assigned is sufficient.

Contract Duration Considerations

37. The contract will run for a minimum of 36 (thirty-six) months, with the option for 1 (one) further 24 (twenty-four) month extension, in essence a maximum 60 (sixty) Month Contract.
38. This contract duration has been determined to both allow the provider time to establish the new service and associated relationships in H&F and innovate in their practice to best meet the needs of the local population, but for the option to recommission the service if the new service model is not working or the weight management landscape changes significantly within the initial three-year contract period.

Timetable

39. The table below provides an estimated timetable of the competition process through to contract commencing.

Action	Dates
1. Key Decision added (Award)	3 February 2026
2. Cabinet Member – Sign-Off	16 February 2026
3. Standstill Period (8 Working Days)	26 February 2026
4. Contract Award Notice	3 March 2026

5. Contract Engrossment	3 March 2026
6. Contract Mobilisation	3 March 2026
7. Contract Start Date	1 April 2026
8. Contract Review Date	1 April 2027
9. Contract End Date (initial term excluding extension)	31 March 2029
10. Contract End Date (including all extensions)	31 March 2031

Assessment and Award Criteria

40. An evaluation panel was identified to assess quality and price. The evaluation criteria were based on the following.
41. **Quality** – Assessed against responses to several method statements, that also covered added value requirements. The following evaluation criteria will be used.

Question Title	Question Sub-Weighting	Capital Sourcing Weighting	Word Limit (Maximum)
Technical (Quality) Envelope 60.00%			
Method Statements and Social Value (60.00%)			
1. Quality and Innovation - Model of Delivery and Approaches to Delivering	18%	30%	2,500 Words
2. Integration, Collaboration and Service Sustainability - Model of Delivery for Integration with the wider Health & Social Care and the Third sector.	9%	15%	2,000 Words
3. Improving Access, Reducing Health Inequalities and Facilitating Choice - Model of Delivery and Approaches to Equity and Accessibility.	6%	10%	1,200 Words
4. Implementation project Plan, risk management	6%	10%	Gantt chart Risk log Narrative – 1,500 words
5. Staffing	6%	10%	1,000 Words

6. Financial Management and Value for Money: Approach to Budget Control, Resource Allocation, and Financial Accountability	3%	5%	800 Words
7. Added Value	12%	20%	Social Value Portal
Commercial (Price) Envelope 40.00%			
A. Contract Price	40%	100%	Not applicable
Grand Total	100.00%	200.00%	Not applicable

42. **Price** – The potential supplier with the lowest overall compliant Commercial (Price) Offer was awarded the full Commercial (Price) Score (40%). All other procurement responses will be scored in accordance with the following calculation:

$$= \left(\frac{\text{Lowest Submitted Commercial (Price) Offer}}{\text{Potential Supplier's Submitted Commercial (Price) Offer}} \right) \times \text{Commercial (Price) Envelope Weighting}$$

43. Each potential supplier's overall combined score for price and quality was used to identify the preferred supplier, who provided the Most Advantageous Tender (MAT), that being those with the highest overall score(s), being recommended for a contract award.

Contract Management

44. Performance management for the weight management service will be via quarterly performance monitoring meetings between the lead commissioner from Public Health and the service lead, as a minimum.
45. The commissioners will manage the contract via contract management meetings which will be open to all relevant commissioners. The supplier will be invited and expected to attend, produce relevant reports including budgetary reporting, and evidence of delivery and outcomes as required by the contract and the associated Performance Management Framework and other monitoring documents.
46. It is the commissioners' aim to ensure that the governance arrangements applied to this contract are outward as well as inward looking and therefore views and experiences of stakeholder organisations in terms of the delivery of the contract will be sought as part of contract management.
47. The supplier will keep a risk register for all risk factors relating to this contract, which will be shared openly with commissioners.

48. The supplier is expected to be transparent in all areas of contract delivery and provide early warnings with an accompanying action plan for any areas of underperformance, detailed in an assurance framework.
49. On the expiry or termination of this contract or termination of any service, the supplier must cooperate fully with the Local Authority to migrate the service in an orderly manner to the successor supplier, which shall include the transfer of relevant case files and clinical data as appropriate to individual cases to inform continuity of care, and the supplier will maintain its own copies of any such information.
50. To incentivise workforce stability and service quality, the commissioner will withhold 5% of the monthly payment if the provider fails to meet the minimum threshold of 80% employed permanent or fixed-term staff and/or fails to achieve 80% of agreed KPIs. These withheld amounts will be reconciled in quarter 3 and only released once the provider demonstrates sustained compliance with workforce and performance metrics over a minimum of two consecutive months. Furthermore, the commissioner reserves the right to reallocate any underspend, including withheld payments, towards a new initiative, a short-term contract with an alternative provider, or other strategic priorities aligned with service objectives.
51. The service must comply with requests for service data from regional (e.g. Integrated Care Board) or national (e.g. the Office for Health Improvement and Disparities) statutory organisations as and when requested. This may include contributing to audits or reviews of service provision and service outcomes, and may provide a positive opportunity to highlight good practice within the service.
52. Key Performance Indicators (KPIs) have been identified that will be used to:
 - a. Monitor the effectiveness of individual or component parts of pathways
 - b. Identify key areas for development and quality improvement
 - c. Monitor the efficiency of weight management service delivery.
53. Added value will be monitored using the Social Value Portal and performance against added value commitments evaluated at quarterly contract monitoring meetings.

Equality and Inclusion Implications

54. The Council has given due regard to its responsibilities under Section 149 of the Equality Act 2010 throughout the development of the proposed service and this award decision. The Equality Impact Analysis (Annex 1) demonstrates that the service is expected to have a broadly positive impact for residents, particularly those experiencing health inequalities.
55. **Targeted benefits**
The service model is designed to widen access for residents from Black, Asian and multi- ethnic backgrounds, who are disproportionately affected by obesity. This includes culturally appropriate outreach, dietetic support and community- based delivery.

56. Other protected groups

While no negative impacts are anticipated, several groups may have distinct needs. Adults with disabilities, long-term conditions or neurodivergence may require tailored adjustments or accessible digital pathways. Women, particularly those post-partum, may benefit from flexible modes of delivery. These considerations will be embedded in mobilisation and monitored through the performance framework.

57. Intersectionality and inclusion

The provider will be required to use person-centred assessment and co-production methods to ensure that the needs of residents facing multiple disadvantage are identified early and incorporated into personalised plans.

58. Monitoring

Equality-segmented monitoring (ethnicity, disability, sex, age) will form part of quarterly contract management to ensure sustained improvement in access, retention and outcomes for under-served communities.

59. An equality impact analysis is attached at Annex 1.

*Verified by: Yvonne Okiyo, Strategic Lead for Equity, Diversity, and Inclusion (EDI),
2nd February 2026*

Risk Management Implications

60. This initiative does not present any significant risks.

Jules Binney, Risk and Assurance Manager, 9th February 2026

Climate and Ecological Emergency Implications

61. Overall, there will be a neutral impact of introducing this service in relation to climate considerations. There may be a modest reduction on the overall energy use (electricity or other fuels) e.g. in buildings, due to services being co-located in existing family hubs and health centres or utilising work from home.

62. Due to our services using existing spaces and their ability to work from home in some areas this will reduce the need to travel e.g. through remote meetings, or rationalising routes and rounds. Furthermore, we will encourage providers to support users and staff to walk, cycle, or use public transport e.g. with cycle parking, training, incentives.

63. Providers will also be encouraged to 'make every contact count', by using contact points with residents and businesses to promote understanding of the climate emergency.

64. There are positive impacts for the climate emergency, therefore a recommendation to proceed as is. This will help the Council reach its target of being net-zero.

Verified by: Ben Kennedy, Head of Transport & Environment, 03 February 2026

Local Economy and Social Value Implications

65. As indicated in paragraphs 29–31, added value was a key consideration in how bids were evaluated in line with the Council’s standard approach.
66. Formal market engagement that was undertaken, and a list of targeted TOMs on the Social Value Portal for this procurement provided an opportunity to alert potential bidders to the Council’s priorities in this area to inform what was included in high quality bids.
67. The preferred supplier has committed to a range of Added Value outcomes, including employment of local residents, personalised support to improve career and life skills, support for local students and investment in community health and wellbeing initiatives.
68. It is recommended that the commissioner and Social Value officer work with the preferred supplier at contract commencement to ensure that the contributions committed by the preferred supplier are realistic and supported by a delivery plan.
69. It is recommended that the commissioner works closely with Legal Services to ensure appropriate social value clauses are included in the contract, so that the Council can enforce its right to remedies if social value commitments are not delivered.

Harry Buck, Social Value Officer (Procurement), 3rd February 2026

Digital Services and Information Management Implications

70. It is not clear whether there will be digital or IT implications arising from the recommended option. As such, the Service should engage with Digital Services to ensure that any IT requirements are identified, all necessary safeguards and permissions are in place, and that any digital work aligns with the Council’s digital strategy.
71. The provider will be expected to have a robust Data Protection Policy in place, and all staff must have received Data Protection Training. The contract must also include H&F’s data protection and processing schedule, ensuring compliance with UK Data Protection law (GDPR). H&F’s approved cyber security clauses must be incorporated into the contract, regardless of value or framework. Legal advice should be sought if non-H&F contract templates are used.
72. A Data Protection Impact Assessment (DPIA) is mandatory for all projects involving personal data, including this service, due to handling of sensitive health and safeguarding information.
73. If the service or supplier intends to use any AI-related functionality (for example, for automation, risk detection, or decision support), the AI Governance Framework form must be completed, and Digital Services must be engaged to ensure compliance with corporate AI strategy, governance, security, and privacy requirements.

74. All digital tools and services must be accessible to staff and the public. Accessibility is a legal requirement and must be considered from the outset; any system with major accessibility issues should be treated as incomplete.

Umit Jani, Strategic Relationship Manager for People, Tuesday 3rd February 2026

Health and Wellbeing Implications

75. The new weight management service will have a significant positive impact on the health and wellbeing of people who live, study or are registered with a GP in H&F. The service will support adults who are living with obesity to reach and maintain a healthy weight, and work towards obesity prevention for all ages across the lifespan.
76. As well as direct implications for physical health, the service will support mental, emotional and social health through the community and social approaches through which the service will be delivered. Having a registered psychologist within the service's key supplier staff will ensure service users are mentally ready to enter the service, and if not, they will be referred onto local support services as appropriate.

LIST OF APPENDICES

Appendix 1 (Exempt) – Contract Award Details

Appendix 2 (Exempt) – Project Financial Details

Appendix 3 (Exempt) – Procurement Outcome

Appendix 4 (Exempt) – Moderated Assessment Scores

Annex 1 – Equalities Impact Assessment (EIA)

Annex 2 – [Procurement Strategy Report](#)

Annex 3 (Exempt) - Social Value Portal (SVP) Assessment Summary (Added Value)