

London Borough of Hammersmith and Fulham Record of Cabinet Member Decision

The call-in has expired and the Decision can be implemented.

- Draft Decision List published on: 4 September 2025
- Confirmed Decision List published on: 9 September 2025

1. **TITLE: Procurement Strategy for the Recommission of Advocacy Services**

2. **DECISION MADE BY:** Deputy Leader (responsible for Children and Education)

3. **DECISION:**

1. To agree that Appendices 1, 2 and 3 are not for publication on the basis that it contains information relating to the financial or business affairs of any particular person (including the authority holding that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. The Deputy Leader approves the following procurement strategy for advocacy services. The contract will be awarded for four years with the option to extend for a further two years (4 years +2).

4. **REASON FOR DECISION:**

1. There has been a growing recognition of emerging advocacy needs that fall outside of the two currently commissioned contracts, such as support for parents navigating complex care systems, carers advocating for family members and people facing financial or housing related challenges. These evolving demands highlight the importance of a flexible and inclusive advocacy model. The proposed model is well placed to respond to these changes by enabling a broader range of advocacy types to be delivered through a network of advocates.
2. Co-production with residents and professionals has highlighted key challenges in the current model. Feedback from workshops with social workers revealed that the existing service structure is fragmented, leading to inconsistent delivery, unclear referral responsibilities, and a disjointed experience when engaging with advocacy services. This complexity makes it harder for professionals to access timely and appropriate support for residents. Capacity constraints within the community advocacy contract were also raised, with concerns that residents are not receiving support quickly enough. Similarly, resident surveys reported difficulties navigating the system and noted long wait times, reinforcing the need for a more integrated and responsive model.
3. A single contract will reduce fragmentation, increase flexibility, improve service integration, and ensure a more seamless and person-centred advocacy offer for residents. It will also deliver greater efficiency and value for money by streamlining contract management and enabling economies of scale.

4. Pre-market engagement with suppliers of advocacy services has shown support for a single integrated lead provider model, which allows for collaboration with specialist organisations while maintaining clear lines of accountability.
5. Recommissioning the service through a competitive procurement process will ensure continuity of provision, compliance with procurement regulations, and delivery of a high quality, accessible advocacy service for residents across the borough.
6. Please refer to the report for more details.

5. **ALTERNATIVE OPTIONS CONSIDERED:**

7. **Option 1- Lead Provider Model (Recommended)**

This option is recommended as it enables the Council to deliver a more cohesive, person-centred advocacy offer while improving efficiency and value for money through streamlined contract management.

Consolidating statutory and community advocacy into a single contract means the Council can reduce duplication, simplify referral pathways, and improve access for residents.

The lead provider will be required to provide training and capacity-building support to the borough's network of advocates. This will help upskill the local advocacy workforce, strengthen community resilience, and ensure consistent quality across the borough. It will also support the development of a sustainable pool of qualified advocates within the borough, enabling the service to respond more effectively to the emerging and evolving advocacy needs of residents.

This model supports local VCSEs to contribute meaningfully and creates the flexibility to respond to emerging advocacy needs within a coordinated framework. The single point of access and triage system reduces administrative burden and confusion, while potential savings can be realised through reduced overheads, fewer spot purchases, and more efficient use of advocacy resources.

8. **Option 2- Separate contracts**

This model perpetuates service fragmentation and limits opportunities to align delivery and outcomes. It would also continue the administrative inefficiencies and capacity issues raised by frontline professionals during engagement.

9. **Option 3- Single Provider Model**

This model is not recommended as it risks excluding smaller, specialist providers and creating a monopoly in the market.

6. **CONFLICTS OF INTEREST AND DISPENSATIONS GRANTED:**

None.

Date of Decision
04 September 2025