

IA3595 Statutory Advocacy Service

Pre-Market Engagement (PME)

Summary of Supplier Feedback

The Council issued a PME Notice through Find a Tender Service (FTS) on the 6 June 2025. The Council also emailed a link to the PME Notice to 16 known providers within the marketplace.

The Purpose of the PME was to engage and understand from providers, particularly Small and Medium Enterprises (SME) their views on the following:-

1. How can the Council remove/reduce any barriers for providers, particularly SME's, during the tender process?
2. What risks do you think might affect your organisation during the delivery of the Service? For example, legislative changes, IT systems, changes to standards, resource, value for money and operational considerations.

Providers were given twenty working days to respond to the two questions and were required to submit a pdf word document to the wholelifedisability@staffordshire.gov.uk by Wednesday 25 June 2025.

The PME Notice also advised the market that the Council

- anticipates issuing a tender notice via the Council's e-tendering system Proactis on Tuesday 19 August 2025.
 - The tender will also be advertised on the Find a Tender portal.
- envisages the tender closing 12 noon Friday 19 September 2025
- will be holding a bidder event on Wednesday 27 August 2025
- requires providers to register on the Central Digital Platform (CDP) in order to be able to tender for the opportunity.

The Council received responses from **seven (7)** providers. Their feedback has been reviewed and considered by Lisa Dobric, Procurement Manager and Richard Deacon, Commissioning Officer - Learning Disability, Autism, Mental Health & Carers. This feedback and consideration is recorded below and stated where this has been taken into account in order to develop the tender documents and enhance the procurement process.

This document will be published within the tender notice and made available for providers within the tender opportunity on Proactis.

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The feedback from all seven (7) providers has been grouped into themes.

Question 1

How can the Council remove/reduce any barriers for providers, particularly SME's, during the tender process?

1.1 Tender Timelines and Scheduling (3)*

Tender deadlines often fall within peak holiday periods, or when organisations are undertaking several tendering processes at once. When setting the timescales for completion please give ample time to respond fully or consider extending timelines or avoiding holiday windows.

1.2 Simplification of the Tender Process (5)

The level of detail and complexity required in a tender submission can be a hurdle for smaller organisations that may not have dedicated bid teams or professional bid writers. Streamline requirements, provide guidance on specification requirements (detailing expectations, outcomes, and performance measures in line with standard practices within advocacy), and have a clear evaluation criteria.

Ensuring compliance requirements (e.g. policies, insurances, financial thresholds) are proportionate to contract.

Engagement prior to tender, such as bidder events, Q&A sessions, helps us understand the Council's objectives and assess suitability for partnership. This is especially helpful when coproduction, lived experience or locality-specific insights are key.

Don't close the opportunity for clarification questions too soon. Allow enough time for clarification questions to be asked on the procurement portal as most questions arise as the bid is nearly complete.

This can be achieved by using plain language in tender documents and avoiding legal jargon and technical terms that may discourage smaller providers.

Providing a sample completed bid or a template could also significantly assist SMEs in navigating the process. Offer bid-writing workshops or personalised one-on-one support for SMEs.

1.3 Digital access (1)

Ensure that the e-tendering platform is user-friendly, along with providing training and helplines.

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1.4 Feedback (1)

Provide constructive detailed feedback for unsuccessful bids which can be used to inform tender responses in the future. Feedback should be specific to each question and individual submission to be of value.

1.5 Recognition of Proven Delivery and Incumbency (1)

Greater weighting could be given to the proven track record of the incumbent provider, especially if performance has been consistently strong. This could be supported through transparent evaluation criteria that value continuity, local knowledge, and existing relationships alongside innovation and cost.

1.6 Local Weighting Considerations (3)

Local weighting in the scoring matrix could ensure that a community-based providers are not disadvantaged compared to larger national firms.

Ensure the evaluation criteria is transparent with clear weightings for cost, quality and social value and flexible in how social value is measured.

1.7 Contracts (2)

Contracts should be in place in excess of two years with sufficient funding available to cover the staffing, infrastructure and development. Maintaining costs for an extended period over a long contract can be difficult for smaller organisations and impact on Return on investment (ROI) over the life of the contract.

1.8 Lots (1)

Avoid large contracts which require all elements of statutory advocacy to be provided by one supplier who needs to then be able to evidence experience across all areas.

1.9 Mobilisation (1)

Allow sufficient mobilisation period. SMEs do not have the infrastructure of large organisations enabling them to pool a breadth of resources and staff from other services in the interim to support mobilisation and provide cover to support delivery, without impacting on delivery within other contracts.

1.10 Accreditations (1)

Where these are required, consider having a grace period to enable these to be secured within the first twelve months of the contract.

1.11 Data (2)

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Clear historical data detailing the number of cases and number of hours of support provided, broken down across all the advocacy types over the previous four years to give tenderers an indication of demand trends for modelling purposes. As well as any service growth expectations over the contract term to enable accurate cost forecasting.

Consideration should be given to the available financial envelope in relations to the current referral rates and anticipated changes throughout the lifetime of the contract.

1.12 Location (1)

The requirement for a physical office may impact on the financial viability of the contract. Advocacy services are often delivered in person at a location that best suits the needs of the service user including hospitals, care homes, peoples own homes and in community venues.

1.13 Real Living Wage (1)

Not mandating the Real Living Wage across the whole organisation/supply chain.

1.14 Consortium Bids (1)

Consideration to an advocacy consortium, to harness the expertise of several smaller local providers who would welcome the opportunity to work in partnership under one contract.

Council response

The Council has considered the feedback back from the market on the barriers they face during the tender process with a view to look at where the Council can remove or reduce these barriers.

1.1 The Council has considered this feedback and in this instance has decided to extend the tender deadline to compensate for the tender going out during the summer and Bank Holiday periods. For Light Touch Regime (LTR) there is no minimum time frame that the tender needs to be out to market.

1.2 Our tender documents have been reviewed and include guidance and to comply with the Procurement Act 2023 and evaluation criteria. The Service Specification details Council expectations, outcomes and performance measures. The tender process allows providers to raise clarification(s) about the Service Specification.

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The Council however will not be holding a bidder event **prior** to the tender going live. As this is a statutory service, with very little (if any) remit to varying the statutory requirements, and the principle that any co-production and/or engagement with experts by experience should only be undertaken if meaningful (i.e. the views collected can influence/inform), a decision was taken to not progress with this approach on this occasion.

The Council is holding a bidders event post tender going live to give guidance on the procurement process, still leaving Providers sufficient time, within the revised timescales, to submit their tender. It is also an opportunity for providers to ask questions, which will be noted and answered and available to all whether they attend or not to support the providers in the process.

The Council has considered how soon the opportunity to raise clarification questions should close. Given the tender will be live for a considerably longer time period the Council feels three working days before the tender deadline is reasonable. The Council needs to ensure there is sufficient time for the Council to answer the clarification(s) and circulate so that providers have the answer before the tender closes.

1.3 Proactis is the councils e-tendering platform. A user guide will be published with the tender documents.

1.4 The Council will comply with the Procurement Act 2023(PA23) and will be issuing an Assessment Summary to successful and unsuccessful providers. The Assessment Summary will set out the scores, the rationale for those scores against each of the assessment criteria, as well as providing the same for the most advantageous tender.

1.5 The PA23 requires authorities to treat all bidders fairly and equally and we shouldn't be placing any bidder at an advantage i.e. the incumbent.

1.6 The Council will adhere to the PA23 and ensure that the evaluation criteria is fair and transparent with clear weightings for cost and quality. The tender documents will be flexible in how social value is measured.

1.7 It is the intention that the contract will be in place in excess of two years. The contract period will be for two years with the option to extend

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twelve months based on satisfactory performance and the agreement of the provider.

1.8 As a Council we need to ensure we are achieving best use of taxpayers money and this includes seeking opportunities for efficiencies as part of larger contracts, where deemed appropriate to do so. This approach for professional advocacy also provides more flexibility from the Provider should there be periods of capacity pressures.

1.9 The Council's view is that twelve weeks is an achievable period of time to mobilise this service.

1.10 The Council's view is that any specific requirements of the Provider with regards to (achieving) accreditation are given sufficient and appropriate timescales. The Council will also have Conditions of Participation (COP) within the Pre-Selection Questionnaire (PSQ) which a provider must satisfy in order to be awarded a public contract following a competitive tendering procedure e.g. insurance, at the point of tender providers will be required to confirm they have them in place and then produce at a later date.

1.11 The Council has considered the current referral rates and anticipated changes throughout the lifetime of the contract and these will need to be managed by the Council and Provider within the service budget.

1.12 The Council recognises this risk however having a local office/base is a huge advantage for a service that should be developing links with local other voluntary organisation providers etc as a way of widening their in-reach to other information, advice and governance that may be available for people.

1.13 The tender documents will not reference payment of the Living Wage across the whole organisation/supply chain, but the Council would always want to support the development of a fully sustainable workforce.

1.14 The Invitation To Tender (ITT) PSQ permits consortium and group tender submissions.

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Question 2

What risks do you think might affect your organisation during the delivery of the Service? For example, legislative changes, IT systems, changes to standards, resource, value for money and operational considerations.

2.1 Legislative and Standards Changes (6)

Health-related legislation, industry standards and policy changes are subject to regular updates. These changes often require time for interpretation, resources, training, funding and operational adjustment. They may also necessitate additional resources that are not always accounted for in advance.

This is likely to increase further with the introduction and or amendments of Liberty Protection Safeguards (LPS), Mental Health Reform and Mental Health Act.

2.2 IT System Developments (4)

Unanticipated updates or integration challenges may arise bringing risks i.e. system failures or data breaches resulting in service disruption compromised client confidentiality, cyber security, increased costs and a risk of falling behind, in particular with advancements around AI.

Also IT system changes or compatibility issues can also pose a risk, particularly where reporting or referral systems are council-led.

2.3 Fixed Budget Constraints (1)

The requirement to submit a fixed budget for the duration of the contract, presents a financial risk. It limits the ability to respond to unforeseen events such as increases in National Insurance (NI) contributions or inflationary pressures. Without any mechanisms to review or adjust pricing in light of significant economic changes, brings sustainability challenges.

2.4 Resource Availability (5)

Lean staffing structures increases the sensitivity risk to fluctuations in resource availability due to sickness, turnover, or increases in service demand.

It is a challenge to offer competitive salaries which is a risk around staff retention. Limitations in funding also limit opportunities for training and development, again impacting retention.

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2.5 Cost, budget and contractual requirements (5)

Increased employee costs due to government changes to national insurance and related employee contributions.

2.6 Value for Money (4)

Resources to source any additional funding to support value for money targets is however challenging. Limited resources and opportunities to undertake research, networking to help develop added value opportunities.

2.7 Implementation/mobilisation (1)

Insufficient time and issues with outgoing provider(s) is a risk to delivery and establishing service provision.

2.8 Engagement (3)

Lack of engagement from NHS, Council, etc can have an impact on the delivery of service, collaborative working and referrals.

2.9 Accessibility (2)

There is a risk that the Advocacy service is not fully accessible for all individuals taking into account access and communication preferences, with interpreters where appropriate.

2.10 Training (1)

There is a lack of training providers who are credible, skilled, and multi-qualified Advocates in their own right, therefore there is a risk that Statutory Advocates are not trained, multi-qualified and multi-skilled to the level they should be.

2.11 Credentials/Experience (1)

We would always encourage Advocacy Commissioners to verify the credentials/experience, of both the bidding organisations and their direct delivery advocacy staff and to speak to the local authorities/commissioning bodies given as referees to ensure that the anticipated delivery of service outlined in the successful bid is an accurate reflection of the actual ongoing service delivery.

2.12 Quality (2)

Whilst local authorities are working within increasingly stringent cost constraints there is a risk this is at a detriment to the quality of the service that is delivered.

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2.13 Operational (4)

Operational risks such as changes in service volume, demand, inconsistent service delivery and safeguarding issues.

Standards changing midway through a contract would naturally pose risk increasing administrative burdens or require a redesign of services.

The independence of the service could be a risk. The service should be independent from all statutory organisations and free from conflict of interest, both in design and operation of service.

2.14 External factors (1)

Such as economic downturns or public health crises, can increase demand for services or disrupt operations.

Council response

The Council has considered the feedback back from the market on potential risks during delivery of the service. Where the Council acknowledges there is a potential risk that could result in a modification to the contract the probability, rating, impact and mitigation of that risk has been recorded in a separate document, that will be agreed by the 'key' stakeholders in the project.

2.1 The Council recognises the risk of legislation changing particularly around Liberty Protection Safeguards (LPS), Mental Health Act and Mental Health Reform. There is a risk that this will impact and increase the number of referrals into the service which may lead to implementing a waiting list. A shift in carers' rights or data protection requirements may also impact on service delivery.

The mitigation would be for all parties to work to a multiskilled approach rather than service specific trained advocates which would provide flexibility across services and ensure advocates were trained to take on different roles. If any legislative changes result in a significant impact upon referral numbers and subsequent service capacity pressures, the Council will meet with the Provider to jointly agree any mitigating action and/or possible resolutions.

2.2 The Council recognises there is a risk that system updates and/or integration may impact IT system resulting in system failures, data breaches, compromised client confidentiality, cyber security etc.

The mitigation is that the Service Specification will not state specific IT requirements, however there will be an expectation that the Providers software will have its own referral pathway and systems. The ITT

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Questionnaire will require providers to complete and submit a Third Party Security Questionnaire to provide assurance to the Council that a provider has adequate technical and organisational security controls in place to ensure that the Council systems and data will be not put at risk.

2.3 The Council accepts that asking providers to submit tender costs within a fixed annual budget for the duration of the contract, presents a financial risk to the delivery of the contract. The Council recognises the impact this has on a providers ability to respond to any financial pressures and the business sustainability challenges faced.

The Council will mitigate this risk by having an annual discretionary fee review process which considers the impact of national changes e.g. NLW etc. The Provider and Council will also meet through Contract Review meetings which provide an opportunity to flag any capacity pressures that may require consideration for addressing.

2.4 The Council recognises the risk of fluctuations in resource availability and staff retention. A high turnover of staff or volunteers can impact on business continuity and outcomes for service users.

To mitigate the Council has included within the Specification the scope for Providers to consider a Service delivery model that supports maximisation of the available resources (such as professionally qualified advocates) by, for example, the use of non-qualified practitioners and/or volunteers, where deemed appropriate to do so.

2.5 The Council acknowledges there is a risk that the contract will see increased employee costs due to government changes to NI and related employee contributions. This could impact on the Providers ability to only offer direct delivery without any outreach and engagement, the volume of referrals, the organisation's sustainability and value for money.

The Council will mitigate this risk by having an annual discretionary fee review process which considers the impact of national changes e.g. NLW etc. The Agreement has a Change in Law clause to ensure the Service remains compliant with all Applicable Laws.

2.6 The Council acknowledges there is a risk that no additional funding will become available. However, the Council will always endeavour to ensure its duty to provide statutory advocacy is met in the most cost-effective manner. The Council understands the impact this could on the Provider ability to be able to undertake research and their opportunities for networking and adding value.

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The Council will need to mitigate this risk by having regular contract review meetings with the Provider to ensure continuous monitoring of service outcomes, efficient use of resources, streamlined workflows, automation, and digital innovation to reduce duplication and increase accessibility of the service.

2.7 The Council appreciates the mobilisation risk of a new Provider and the impact this may have on the delivery of the service.

This risk will be mitigated by allowing a sufficient period for service mobilisation which is supported by a detailed mobilisation plan that allows for exit meeting(s) to take place with the incumbent provider.

2.8 The Council acknowledges the risk that lack of engagement from us and/or other partners such as NHS could impact on the delivery of service, collaborative working and referrals.

The Council will need to mitigate this risk by developing relationships with the Provider and their advocates, through regular contract review meetings and support to facilitate innovative means of engagement.

2.9 The Council acknowledges there is a risk that the service may not be fully accessible for all Individuals, therefore impacting an Individual access to support.

The Council will need to mitigate this risk by having regular contract review meetings with the Provider to ensure the service can evidence it is targeting those hard to reach and reducing barriers for Individuals. The tender documents will require providers to explain how their Service delivery model will be accessible to all those who meet the eligibility criteria. This includes a requirement for the Provider to either have appropriately trained advocates/wider staff with regards to a variety of communication skills/techniques and/or access to/relationships with other professional organisations who do have those skill sets.

2.10 The Council acknowledges the risk that due to a lack of skilled training providers this could impact on Statutory Advocates not being trained and qualified to the level they should be.

This risk is mitigated by the Service Specification specifying the level of qualification required for a professional advocate and the timescale expectation for them to achieve it. The new Service Specification also provides an opportunity for providers to consider using non-qualified

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advocacy staff and/or volunteers to supplement (where appropriate) qualified advocates. The Council will maintain compliance of this through contract review meetings.

2.11 The Council recognises there is a risk that credentials and/or experience, of bidding organisations may not be sufficiently validated by the Council. This could result in having a negative impact on the service delivery and Council reputation.

The Council will mitigate this risk by ensuring the tender process assesses and where appropriate requests bidders to evidence their ability to meet the requirements of the Service Specification. All tender submissions will be evaluated on Price and Quality.

2.12 The Council agrees there is a risk that increasing costs may impact on the quality of the service.

To mitigate this risk the Council has contract review meetings, KPI's and quality framework in place to measure the quality of service being delivered. The Council will further mitigate this risk by having an annual discretionary fee review process which considers the impact of national changes e.g. NLW etc.

2.13 The Council is aware there could be operational risks which could impact Service delivery.

The mitigation of this is to ensure the contract has clear escalation processes , contract reviews meetings take place and the Service Specification supports continuous improvement.

2.14 The Council agrees there is the risk that economic downturns or public health crises, could have an impact on the demand for service or affect the operation of the business.

The mitigation of this is that the Council will ensure the successful Provider has a robust business continuity plan in place. The Council will have regular contract reviews, good lines of communication and provider relationship management to facilitate discussions with regards to mitigating actions and/or possible resolutions.

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