

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Diane Morton, Cabinet Member for Adult Social
Care & Public Health

DECISION NUMBER:

25/00107

Executive Decision –non-key

25/00107 Extension of Support Service for People Bereaved by Suicide (SC20060 –
Lot 2)

Decision:

As Cabinet Member for Adult Social Care & Public Health, I agree to:

1. **APPROVE** implementation of an extension to the council's Support Service for people bereaved by suicide (SC20060) delivered by Listening Ear, from 1 August 2026 until 31 March 2027 (8 months).
2. **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care & Public Health to take relevant actions including but not limited to awarding, finalising the terms of and entering into the relevant contracts or other legal agreements, as necessary, to implement the decision.

Reasons for decision:

The contract for a Support Service for People Bereaved by Suicide, known as Amparo (which means shelter or safe haven in Spanish), which is currently delivered by Listening Ear, is due to expire 31 July 2026. This contract has been live for five years (as per [key decision 20/00132](#)).

There is still a consistently high need for specialist support to people bereaved by suicide, and a recent review of Amparo to date clearly demonstrated the value and impact of the service, highlighting its responsiveness, effectiveness and positive outcomes that it delivers for individuals and communities affected by suicide. This service supports delivery of both the National Suicide Prevention Strategy (2023–2028), the current and the draft Kent and Medway Suicide and Self-Harm Prevention Strategy (2026–2030), which recently underwent public consultation.

Options have been considered for beyond July 2026 and conclude that recommissioning via open procurement is not recommended at this time due to ongoing Integrated Care Board (ICB) reforms. These organisational changes create instability and risk service disruption, making continuity during transition uncertain.

Therefore, an eight-month extension (from 1 August 2026 until 31 March 2027) is proposed to maintain continuity of service and allow time to consider options for future commissioning. Legal advice has been sought and extending the current contract by 8 months is legally viable.

This decision also delegates authority to the Director of Public Health to take all necessary steps to implement the contract extension and to enter into any required contracts and legal agreements to give effect to the decision, including entering into a refreshed Memorandum of Understanding (MoU) with the Kent & Medway Integrated Care Board.

Any decision on the long-term arrangements, from April 2027, will be subject to a future Key Decision through the appropriate governance process.

Financial implications:

A Memorandum of Understanding (MoU) is in place between KCC and the ICB for the Suicide Prevention programme. This outlines the ongoing arrangement including financial contribution from the ICB to support this programme, which is hosted by KCC.

The cost to implement an extension of the councils Support Service for people bereaved by suicide (SC20060) from 1 August 2026 until 31 March 2027 (8 months) totals £85,078. The funding to extend for this contract is expected to be fully secured through the Kent and Medway Integrated Care Board (ICB) in line with current arrangements.

Legal implications:

Legal advice has been sought and extending the current contract by 8 months is legally viable. The extension of the contract for a further period of 8 months, from 1 August 2026 until 31 March 2027, is permissible, under public contract regulations PCR, Regulation 72.

Equalities implications:

An equalities impact assessment (EqIA) identifies that implementation of this 8-month extension will have no negative impacts. The service ensures that individuals affected by suicide, regardless of age, gender, ethnicity, disability, or sexual orientation, receive equitable support and services can be adapted for those with disabilities or language needs, reducing barriers to engagement.

Data Protection implications:

A data protection impact assessment (DPIA) is in place for the Suicide Bereavement Support Service. This identifies and addresses all relevant data protection risks through agreed controls. It will be kept under continuous review and updated to reflect any changes to data processing that may be implemented during the life of the contract.

Cabinet Committee recommendations and other consultation:

The proposed decision will be considered at the Adult Social care and Public Health Cabinet Committee on 21 January 2026. A public consultation into the new Suicide & Self-Harm Prevention Strategy 2026-2030 recently took place and 93% of 149 respondents agreed with the drafted eight priorities, one of which was around providing effective bereavement support to those affected by suicide. [The Kent and Medway Suicide and Self-Harm Prevention Strategy 2026-2030 | Let's Talk Kent](#)

Committee Feedback Phase:

Any alternatives considered and rejected:
The following options have been explored

- Do nothing - allow the contract for suicide bereavement support in Kent and Medway to come to an end 31 July 2026 – This option is not preferred as it would mean bereaved families and individuals would be unable to access practical and emotional support. This option is not in line with the NHS Long Term Plan and the new K&M Suicide and Self-Harm Prevention Strategy for 2026-2030. This option would also not utilise the funding that is dedicated to this area of work and may result in higher longer-term costs including new service set up.
- Recommission via open procurement – This option is not preferred at this time. Current changes within the Integrated Care Board (ICB) creating uncertainty, making it difficult to guarantee continuity during transition. A procurement process can take several months, risking gaps in provision for bereaved families and existing referral pathways and trust built by Listening Ear could be disrupted. This option would also require significant commissioning capacity and stakeholder engagement during a period of organisational reform.
- Bring service in-house – This option is not preferred at this time due to service disruption and lack of specialist knowledge and experience in suicide bereavement support. This will be revisited during future recommissioning activity.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

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Signed

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Date