

Cabinet Committee Decision Report

From: Diane Morton, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Adult Social Care and Public Health Cabinet Committee – 21 January 2026

Subject: Extension of Support Service for People Bereaved by Suicide (SC20060 – Lot 2)

Decision no: 25/00107

Non-Key Decision

Classification: Unrestricted

Past Pathway of report: N/A

Future Pathway of report: Cabinet Member Decision

Electoral Division: All

Is the decision eligible for call-in? Yes

Summary: The contract for a Support Service for People Bereaved by Suicide, known as Amparo (which means shelter or safe haven in Spanish), is currently delivered by Listening Ear and due to expire 31 July 2026. A review of the service has been conducted, and options beyond July 2026 have been explored. This includes recommissioning via an open procurement, which is not preferred at this time due to instability from organisational reforms and risk of service disruption. Implementing an eight-month contract 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 and longer-term security of finances. The funding for this contract is expected to be fully secured through the Kent and Medway Integrated Care Board (ICB).

Recommendation(s):

The Adult Social Care and Public Health Cabinet Committee is asked to CONSIDER and ENDORSE or MAKE RECOMMENDATIONS to the Cabinet Member for Adult Social Care and Public Health in relation to the proposed decision as detailed in the attached Proposed Record of Decision document (Appendix A).

1. Introduction

- 1.1 In 2019, the NHS committed £36 million over a period of 10 years to support the roll out of suicide bereavement support services across England. This funding is received by Kent and Medway Integrated Care Board (ICB) to deliver the core Kent and Medway Suicide Prevention Programme. A Memorandum of Understanding (MoU) sets out the financial relationship between KCC and the ICB for this programme, which is hosted by KCC. This means that the outputs of the Programme, including commissioned services must align with not only with the priorities and requirements of KCC, but also with those of the NHS and deliver against the multi-agency Suicide Prevention Strategy. The MoU will be refreshed in 2026-27.
- 1.2 Between 2022-2024, there was an average of 144 suspected suicides per year in Kent and Medway, according to the Real Time Suicide Surveillance System (RTSS).
- 1.3 Specialist suicide bereavement support has been delivered in Kent and Medway by Listening Ear's Amparo service since 2021. The service provides timely emotional and practical support to anyone affected by suicide, an experience which differs to bereavement through natural or accidental means as it usually comes with senses of guilt and stigma, which often leads to social isolation and the increased risk of suicide mentioned above.
- 1.3 Support is delivered by trained Liaison Workers and can include providing emotional support and assisting with a range of practical matters, such as dealing with the police and coroners, helping with media enquiries, preparing for (and attending) inquests and helping individuals to access any other relevant services. Support is delivered both in person and on the phone.
- 1.4 The service provides support to individuals living in Kent or Medway, and targets:
 - Close family members of the individual who died
 - Friends, colleagues, witnesses, and other people affected by a suicide
 - People who are working to support, or who are spending time with, people bereaved by suicide
- 1.5 The need for such support is backed by evidence that suggests up to 135 people can be impacted by an individual case of suicide (Cerel et al, 2018). People bereaved by the sudden death of a friend or family member are also 65% more likely to attempt suicide if the deceased died by suicide than if they died by natural or accidental causes (Pitman et al, 2016).

2. Key Considerations

- 2.1 The contract for Amparo, is due to expire 31 July 2026 and 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 demonstrated the value and impact of the service which 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).

- 2.2 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.
- 2.3 Maintaining continuity and stability is critical, therefore an eight-month extension (from 1 August 2026 until 31 March 2027) is proposed to allow time to consider options for future commissioning. This period will also allow for discussions with the ICB, which fully funds the service, to secure a long-term financial commitment. At present, formal clarity on the budget cannot be provided due to timing of organisational redesign, not unwillingness to commit.
- 2.4 Legal advice has been sought and extending the current contract by 8 months is legally viable. Any decision on the long-term arrangements, from April 2027, will be subject to a future Key Decision through the appropriate governance process.

3. Background

- 3.1 The Amparo service was commissioned by Kent County Council (KCC) on behalf of the Integrated Care Board (ICB) and began operating in August 2021. For 2025/26, the Amparo service cost is £127,616, fully funded by the ICB.
- 3.2 Because suicide prevention is a public health responsibility, KCC leads the suicide prevention programme, including commissioning services, even though the funding originates from NHS budgets. KCC's established relationships with voluntary and community sector providers enable a collaborative approach that avoids duplication and ensures alignment with the Kent and Medway Suicide Prevention Strategy.
- 3.3 Outcomes for the beneficiaries of the service include:
 - Feel supported during Police and Coroner investigations
 - Feel less lonely and isolated
 - Improve day to day social functioning and ability to function in work, education or care giving role
 - Improve psychological health.
- 3.4 A comprehensive review of the service has been undertaken to shape options for delivery beyond July 2026. This process included an analysis of performance data, case studies and feedback from beneficiaries. A summary can be found in Appendix B.
- 3.9 The review concluded that over the past five years, the service has provided free, timely, compassionate, and tailored support to individuals and communities affected by suicide, consistently achieving positive outcomes and high levels of client satisfaction. The service has remained responsive and adaptable and its ability to deliver both practical and emotional support, alongside advocacy and partnership working, has been crucial in reducing isolation, stigma, and risk among those bereaved by suicide.

4. Options considered and dismissed, and associated risk

4.1 The following options have been explored, with Option 2 being preferred;

Option	Summary
Option 1: 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.
Option 2: Extend current contract with Listening Ear.	This is the preferred option and proposal being taken forward. This will maintain continuity of care for individuals bereaved by suicide and avoids disruption during a critical time for stakeholders as the NHS and Local Authority undergo reforms. Amparo has demonstrated positive outcomes and responsiveness over the past five years and continuing this service will build on established relationships, referral pathways, and community trust and allow time for longer-term planning and stakeholder engagement to gain longer term future funding commitments.
Option 3: 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.
Option 4: 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.

5. Financial Implications

5.1 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.

5.2 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.

5.3 While formal budget confirmation is pending due to the ongoing organisational redesign, funding for the extension is anticipated and the MoU will be refreshed to support longer-term planning for this programme of work.

6. Legal implications

6.1 To enable this extension, legal advice has been sought. 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.

7. Equalities implications

7.1 An Equalities Impact Assessment (EqIA) (appendix c) identifies that implementation of this eight-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.

8. Data Protection Implications

8.1 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.

9. Other corporate implications

9.1 Maintaining a support offer for individuals bereaved by suicide supports KCC's Reforming Kent 2025-28 commitments through the delivery of preventative well-being support. This can avoid escalation into more intensive, expensive care and foster stronger, more resilient communities.

9.2 The management and implementation of the proposed contract extension will be delivered by KCC Public Health and Integrated Commissioning teams with input from other teams such as Legal and Commercial & Procurement. Progress will be monitored through internal governance arrangements.

10. Governance

10.1 Accountability for this service and contract sits with the Director Public Health. The Suicide Prevention Steering group which includes the ICB, who fund this service, are fully supportive of this proposal.

10.2 Delegated authority will be granted 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.

11. Conclusions

- 11.1 The review of the service shows that Amparo has demonstrated positive outcomes and responsiveness over the past five years. Continuing this service will build on established relationships, referral pathways, and community trust. It will maintain continuity of care for individuals bereaved by suicide and avoid disruption during a critical time for stakeholders as the NHS and Local Authority undergo reforms.
- 11.2 Implementing the proposed contract extension will allow time for longer-term planning and stakeholder engagement to gain longer term future funding commitments. The Suicide Prevention Steering group which includes the ICB, who fund this service, are fully supportive of this proposal.

12. Recommendation(s):

- 12.1 The Adult Social Care and Public Health Cabinet Committee is asked to CONSIDER and ENDORSE or MAKE RECOMMENDATIONS to the Cabinet Member for Adult Social Care and Public Health in relation to the proposed decision as detailed in the attached Proposed Record of Decision document (Appendix A).

13. Appendices

- Appendix A – Proposed Record of decision
- Appendix B – Summary of review findings
- Appendix C – Equality Impact Assessment

14. Contact details

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