

Report of: Catherine Ward/Kate Daly Report to: Dr I Cameron – Director of Public Health

Date: 21st October 2014

Subject : To seek approval to undertake a procurement for a postvention pilot project for Leeds in accordance with CPR's 3.1.8

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

Currently, there is no service supporting people who have been bereaved by suicide operating in Leeds. This is considered to be a significant gap in service so Public Health is working with PPPU and PU to procure a service for Leeds, which will be in the form of a 3 year pilot project with a full evaluation included within the specification. A market sounding exercise has already been undertaken, which attracted limited market interest. It is now proposed to undertake a procurement exercise using the open procedure based on a specification produced by Public Health. The value of the contract is £220,000.

Recommendations

The Director of Public Health is recommended to approve:

- undertaking a procurement exercise in order to commission a 3 year postvention project in Leeds. The total value of the contract is estimated to be £220,000.

1 Purpose of this report

1.1 The purpose of this report is to outline the background to the Postvention project for Leeds and to seek approval to undertake a procurement exercise. Details of the proposed procurement strategy are also described.

2 Background information

2.1 Local authorities are key strategic players in shaping population mental health outcomes. The inclusion of suicide as an indicator within the Public Health Outcomes Framework will help to track national and local progress against our overall objective to reduce the suicide rate and prioritise focused work on a local level to achieve this.

2.2 Leeds has made support for those bereaved by suicide a priority area as part of a strategy to prevent suicide and other adverse health consequences. Leeds currently has no specialist provision for suicide survivors (those who have lost a significant other as a result of death by suicide) and this leads to a patchy response to this vulnerable group.

2.3 Evidence from elsewhere suggests that a timely and appropriate response to survivors has the potential to prevent prolonged suffering and has proved to be cost-effective in the past. The bereavement by suicide task group has identified a need to have an active postvention project for Leeds as part of a strategy to prevent future suicides and to reduce other negative consequences of bereavement by suicide.

2.4 The project will involve the support workers (possibly 2) undertaking active 'postvention' work (contacting survivors in the wake of suicide), setting up and running peer support groups, networking with and providing training to agencies in Leeds who work with this population. They will also develop specific links with Police, Ambulance and Coroners Office. They will also have a role to support and coordinate a small number of volunteer group facilitators (around four volunteers).

2.5 This project is designed to pilot a postvention service for Leeds, and will the aim to determine what services are required going forward. The pilot project will collect routine monitoring data. Service user experience questionnaires will be developed and distributed in order to collect routine feedback.

3 Main issues

3.1 As there is no postvention service currently operating in Leeds, Public Health is currently working with PPPU and PU to procure this service. A market sounding exercise has already been undertaken, which attracted limited market interest. It is now proposed to undertake a procurement exercise by open procedure based on a specification produced by Public Health.

3.2 Based on the proposed project programme, the timetable for the key procurement activities is as follows:

- Development of tender documentation Early October 2014
- Publish tender documents November 2014

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| • Tender returns | Early December 2014 |
| • Tender evaluation | December 2014 |
| • Award tender report | January / February 2015 |
| • Mobilisation period | March 2015 |
| • Contract start date | April 2015 |

3.3 The full value of the contract is £220,000 over 3 years, and this value will be a cap within the tender documents. The project will be evaluated on a 60% quality and 40% price basis.

4 Consultation and Engagement

4.1 The bereavement by suicide task group has been consulted during the development of the brief for the postvention service.

5 Equality and Diversity / Cohesion and Integration

5.1 An EIA screening assessment has been undertaken and attached for reference.

6 Council policies and City Priorities

6.1 Leeds aspires to be the best city for health and wellbeing. One of the key priorities highlighted in the Leeds joint health and wellbeing strategy 2013-15 is to improve people's mental health & wellbeing. This commissioned work will help contribute towards achieving this. This work also supports priority 7 of the Health and Wellbeing Strategy.

7 Resources and value for money

7.1 A competitive procurement will help achieve value for money through the receipt a number of tenders. These tender submissions will be evaluated both on their quality and financial elements. The evaluation criteria will be approved by the Consultant for Public Health.

7.2 A project team for the procurement has been put in place and includes specialists/officers from both Public Health and PPPU and PU.

8 Legal Implications, Access to Information and Call In

8.1 Due to the contract value, this decision will not be subject to call-in and there are no grounds for keeping the contents of this report confidential within the council's access to information rules.

8.2 The procurement will be overseen by PPPU and PU to ensure compliance with legislation and the Council's CPRs.

9 Risk Management

9.1 Public Health is working closely with PPPU and PU to manage the risks associated with the procurement.

10 Conclusions

10.1 Currently, there is no service supporting people who have been bereaved by suicide operating in Leeds. This is considered to be a significant gap in service so Public Health is working with PPPU and PU to procure a service for Leeds, which will be in the form of a 3 year pilot project with a full evaluation included within the specification. A market sounding exercise has already been undertaken, which attracted limited market interest. It is now proposed to undertake a procurement exercise using the open procedure based on a specification produced by Public Health.

11 Recommendations

11.1 The Director of Public Health is recommended to approve:

undertaking a procurement exercise in order to commission a 3 year postvention project in Leeds.

12 Background documents¹

EIA

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.