**Service Specification**

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| **Update of PHE guidance on suicide prevention: identifying and responding to suicide clusters.** |

**Purpose**

Public Health England (PHE) is seeking to commission an external partner to:

1. Update the guidance [Suicide Prevention: identifying and responding to suicide clusters](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/459303/Identifying_and_responding_to_suicide_clusters_and_contagion.pdf)
2. Develop a protocol for national and local response when suicide clusters occur.

**Background**

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| The term “suicide cluster” describes a situation in which three of more suicides occur and are connected in terms of space or social relationships, time and / or place.  In 2015, PHE commissioned guidance on identifying and responding to suicide clusters. This was well received across the sector, however, subsequent use by public health teams locally has identified the need for an update as well as for additional guidance for university settings. It has also identified a need to clarify local and national roles in the event of a suicide cluster.  This is part of Public Health England’s wider programme of work on suicide prevention, further information on this programme is as follows:  <https://www.gov.uk/government/collections/suicide-prevention-resources-and-guidance> |

**Outline of Work**

**Deliverables**

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| 1. Qualitative research in the form of telephone interviews and focus groups to gain information on lessons learned and suggested changes based on using the existing cluster guidance. 2. Updated clusters guidance based on qualitative research conducted 3. A separate university section to the suicide clusters guidance, using research conducted. 4. A protocol for national and local response when clusters occur, to include communication routes between national and local government, Directors of Public Health, NHS England and Samaritans in their role of handling media guidelines. 5. An update on any new or emerging evidence – a short update review of new evidence,   The supplier will need to ensure that the interviewers they select have a current, up to date, relevant clinical background and that will be able to provide the appropriate, necessary and adequate support and supervision required to support the interviewers in their task of gathering information on lessons learnt via focus groups, which we are mindful, given the attendees, has the potential to be a difficult and distressing process. |

**Dissemination of findings**

The updated guidance developed during the project will be made available free of charge and published on <https://www.gov.uk/government/organisations/public-health-england>.

**Reporting arrangements**

It is expected that the supplier will appoint a named, suitably qualified Project Manager who will be the main point of contact with PHE. PHE will act in an advisory capacity to the project manager.

The PHE lead for this project is Helen Garnham National Programme Manager - Public Mental Health, who will liaise with the successful applicant and provide day-to-day support from PHE.

The successful supplier will be expected to meet with the PHE lead at the initiation, midpoint and end point of the project and to highlight any risks or issues as soon as possible in writing to the PHE lead named above.

The successful provider must adhere to the Data Protection Act (1998) and the Freedom of Information Act (2000). Effective security management, and ensuring personal information and assessment data are kept secure, will be essential.

**Risk Management**

Applicants should submit, as part of their application, a summary explaining what they believe will be the key risks to delivering this project, and what contingencies they will put in place to deal with them.

N.B. A risk is defined as any factor which may delay, disrupt or prevent the full achievement of a project objective. All risks should be identified. The summary should include an assessment of each risk, together with a rating of the risks likelihood and its impact on a project objective (using a high, medium or low classification for both). The risk assessment should also identify appropriate actions that would reduce or eliminate each risk, or its impact.

**Stakeholder and Public Involvement**

The provider will be undertaking direct engagement with stakeholders as appropriate. The provider will be expected to submit as part of their application their mechanism for engaging with key stakeholders from a range of sectors and engagement with the public (where necessary).

**Delivery Timescale**

It is anticipated that this work would be completed within 3 months; the supplier will start at soon as contract is awarded and the end date is 16th Mar 2018

**Contract Period**

The contract will begin as soon we award and until 16th Mar 2018 as per the commissioning timetable below.

Standard break clauses for each contract will be enforced prior to the contract renewal.

**Contact Point(s)**

It is expected that the supplier will appoint a named, suitably qualified evaluation lead Manager who will be the main point of contact with Public Health England.

The key contact points at PHE will be Helen Garnham, National Programme Manager – Public Mental Health. All members of staff will be available for telephone or face to face advice throughout the project lifetime. PHE can facilitate discussions with other topics experts from within PHE and other key partners. .

**Costs**

The provider will need to give a detailed breakdown of their costs. Please note that applicants will need to demonstrate value for money.

The overall contract value will be in the region of £40,000 per annum (excluding VAT). It is anticipated that this work would be completed within 3 months; the supplier will start at soon as contract is awarded and the end date is 16th Mar 2018

**Application Process**

Applications should be submitted electronically and include the following documentation:

* Supporting statement setting out and establishing suitability to undertake the project, including evidence of collaboration with academics with national / international suicide prevention expreience
* Outline evaluation plan, communications plan & methodology including evaluation logic model, timescales and stakeholder engagement plan.
* Budget (including breakdown of spend)
* Risk mapping and associated risk register
* Evaluation and project team CVs

Word count (excluding Project / Evaluation Team CVs) is a max of 1,500 words.

Applications will be reviewed by an internal PHE panel and candidates will be informed electronically of the result.

If two applications are scored identically then both applicants will be invited to a verbal presentation to decide the outcome.

**Selection Criteria**

Criteria used by members of the PHE panel to assess applications for funding from the project include:

1. **RELEVANCE** of the proposed project plan and evaluation methodology to the aims and objectives of the project
2. **QUALITY** of the work plan and proposed management arrangements
3. **STRENGTH** of the project team
4. **IMPACT** of the proposed work
5. **VALUE** for money (justification of the proposed costs)
6. **INVOLVEMENT** of key partners and the public

**Commissioning Timetable**

It is anticipated that commissioning of this project will occur to the following approximate timetable:

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| **Date** | **Action** |
| **6th October 2017** | Issue of invitation to tender via BRAVO |
| **23rd October 2017** | Deadline for receipt of applications |
| **1st November 2017** | Notification of outcome of applications review |
| **3rd November 2017** | Award of contract |
| **16th March 2017** | Project completion |