Meeting Date	**26 September 2019**	**Agenda Item**	**3.4**
Report Title	**Sexual Assault Referral Centre (SARC)**		
Report Authors	Michelle Davies, Head of Strategic Planning Sam Williams, Service Group Manager Childrens Service Group Chris Bimson, Finance & Business Partner		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	This paper provides a summary of the recommendations for the first phase of the reconfiguration of sexual assault referral centres (SARCs) arising from the SARC programme of work and the high-level costs associated with implementation. It also highlights the implications for the Swansea Bay University Health Board. The Final Report, was considered by the SARC Project Board on the 1st August and is attached as Appendix 1. This paper provides an overview of the recommendations to be considered by the commissioning bodies - health boards, police forces and police and crime commissioners - through their individual governance structures during September.		
Key Issues	The final report requests approval of phase 1 of the SARC Project. Phase 1 will support the implementation of the SARC hubs for children and adults and the establishment of the Network and commissioning roles. All other elements of the new service model will be subject to further business cases and reports outlining these will be presented to future Health Board meetings for approval.		

Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☐	☐	☒

Recommendations	Members are asked to: • **RECEIVE and ENDORSE** the recommendations made by the SARC Project Board for the implementation of phase 1 of the SARC Project;

	• **NOTE** the proposed changes to the service model in West Wales; • **NOTE and APPROVE** the required financial commitment for Phase 1 and the increased revenue costs of the new SARC facility in SA1, which is within the current financial commitment to this service. • **NOTE** that future papers will be submitted to the Board for approval outlining the implications of implementing the further phases of the SARC work programme, some of which will have increased financial commitments for the Health Board and potential capital requirements for accommodation. Further developments will be considered through the Health Board's IMTP process.

SEXUAL ASSAULT REFERRAL CENTRE (SARC) SERVICE

1. INTRODUCTION

The purpose of this report is to provide the Board

- Details of the recommendations agreed by the SARC Project Board being led by Cardiff & Vale University Health Board on behalf of Health Boards across South and Mid Wales;
- Outline the service models being proposed for children and adult sexual assault services;
- Outline SBU Health Board's role in relation to these services including the challenges faced.

The SARC Project Board have now finalised a paper to go to all commissioning organisations to agree the proposals set-out for phase 1 of the Project. A paper is attached as Appendix 1 with full details of its recommendations.

Phase 1 will support the implementation of the SARC hubs in Swansea, Cardiff and Aberystwyth for children and adults and the establishment of the Network and commissioning roles. Work on subsequent phases has not yet been carried out so although there are likely to be financial consequences for the implementation of the further phases of development of this service, these costs have not yet been quantified.

2. BACKGROUND

As a result of a review commissioned by the Welsh Government, the NHS Wales Health Collaborative set-up a multi-agency project to develop a service model for the SARC Service. The model was agreed in principle in 2016, and the work of Health Collaborative concluded.

The implementation-planning phase of the model was transferred to Cardiff & Vale UHB. This project is supported by a multi-agency project structure which has SBU Health Board involvement from both the Strategy Directorate and the Children's Service Group of the Singleton Delivery Unit.

A revised report was considered by the SARC Project Board in December 2017. In order to move forward with the project, agreement was reached in principle on the revised service model. This was achieved subject to further review of the proposals and supporting evidence, which reflected concerns that the proposed model did not meet the needs of the population in the north of Dyfed Powys region and the ability to deliver a two-site children's SARC hub.

2.1 Sexual Assault Referral Centre (SARC) Project

In June 2018, the next phase of the 'implementation-planning' commenced, led by Cardiff & Vale University Health Board on behalf of the partner agencies. This phase gave a commitment to reviewing the proposed service model, activity and costs. A new multi-agency SARC Project Board was established, Chaired by Maria Battle, then Chair of Cardiff & Vale University Health Board, together with a supporting governance structure.

Following a number of multi-agency workshops, a service model was recommended, which retained the principles of three adult hubs, two Children's hubs and a number of spokes. However, the recommendation for the adults' hubs proposes Aberystwyth as the third hub alongside Cardiff and Swansea rather than Carmarthen (the original proposal). Recommendations have also been made in relation to the provision of forensic medical examination services, commissioning and procurement and the establishment of a delivery network.

2.2 Childrens' Sexual Assault Services Interim Arrangement

An interim model has been in place since March 2019, whereby acute presentations of children under the age of 14 who may have suffered a sexual assault will be seen in Ynys Saff SARC (in Cardiff) from across the South and Mid Wales area. Historic cases continue to be seen in Swansea, Cardiff and Abergavenny.

This addresses, for an interim period, the shortfall in acute service provision in hours in Swansea which has arisen as a result of workforce issues – this covers services previously provided in hours by Swansea Bay University Health Board for the population of Swansea, Neath Port Talbot, Ceredigion, Carmarthenshire, Pembrokeshire and parts of Powys. Out of hours, all acute paediatric cases up to 14 years of age have always been referred to Cardiff and will continue to do so.

Proposed model

The further work on the service model outlined above gave a commitment to reviewing the proposal for two Children's hubs and determining the feasibility, especially in light of the concerns regarding recruitment and retention of paediatricians. This work was supported with input from a multi-agency workshop, a dedicated task & finish group and a focus group comprising paediatricians from across the region.

In conclusion, the SARC Project Board is recommending the following:

- Two paediatric SARC hubs, one in Cardiff (C&V UHB) and one in Swansea (SB UHB).
- The age range of children seen for a joint examination with a paediatrician and forensic examiner in the paediatric SARC hubs is increased to include children up to 16 years (rather than the current 14 years)
- Children 16-17 will continue to have a forensic examination at the appropriate local SARC Hub by the Forensic Medical Examiner (FME).
- Health needs will be considered at each SARC Hub with appropriate signposting.
- Out of hours services will continue to be provided from Ynys Saff SARC at Cardiff, but the age range will change to reflect to in-hours services.
- Discussions will also take place with BC UHB for children in North Powys to access services in Colwyn Bay where appropriate.

Further work will be required to identify a suitable location for the Children's SARC hub in Swansea that meets required standards and guidance for children's services and forensic medical examination and an appropriate funding stream identified. It will

also be necessary to develop a training plan for paediatricians to enable them to see children over 14 years of age.

Increasing the age of children attending the paediatric SARCs up to 16 years, has been identified as a priority by the Children's Commissioner.

There is an opportunity however to release space from the Swansea Children's Development Centre at Singleton Hospital, where the current provision, the Sapphire Suite, does not meet current standards, and relocate to a site in SA1 adjacent to the new adult SARC service, so providing a one stop shop for children and their families. Benefits of a joint model also include the ability to access counselling, and staff experienced in the court process and police interviews at the same time and place as examinations are carried out, so providing more integrated and better support for families

Points to note from a Swansea Bay perspective are as follows:

- Need to recruit to vacant consultant community paediatric workforce;
- Joint working with Hywel Dda to explore opportunities to contribute to the Swansea Hub model;
- Training of consultant paediatric workforce to manage older children;
- Identification of appropriate accommodation to house the paediatric service in Swansea.
- Clear job plans identifying SARC both clinical, training and peer review
- Nursing is currently provided by the school nursing team but this is not a sustainable model. A workforce plan will need to be developed that replicates the in-hours service in Ynys Saff SARC, Cardiff, and financial resources to support this are identified in the overall costs for the regional SARC service model.

However it should be noted that these changes are proposed for a future phase of the SARC implementation plan and so are not immediate issues for the Health Board.

2.3 Adults' Sexual Assault Services

Adult Services are provided by the 3rd sector across the region with the exception of in Cardiff & Vale where the service is provided by NHS Wales. All SARCs across the region currently offer the facility for adults to undergo a forensic examination as well as receive counselling and support from staff experienced in the court process and police interviews. They are currently located in Merthyr Tydfil, Risca, Ynys Saff Cardiff, Swansea, Carmarthen, Newtown and Aberystwyth.

The service model confirmed when this was revised as outlined above is based on a 'hub and spoke' approach, based on national guidance. This resulted in a model with three hubs (Cardiff, Swansea and Aberystwyth) and four spokes (Merthyr Tydfil, Risca, Aberystwyth and Newtown.

In conclusion, the Project is recommending the following:

- Three SARC Hubs – Cardiff, Swansea and Aberystwyth. SARC hubs will provide a full medical assessment (health assessment and forensic medical examination)
- The remaining existing SARCs (Risca, Merthyr, Newtown, Carmarthen) will act as 'spokes'
- Acute hubs would also act as spokes for their local population.
- Follow-up requirements will be provided as local as possible, from the nearest SARC spoke for therapeutic support
- Ongoing health needs including sexual health screening will be provided in line with the commissioning arrangements of the local health board in which the individual is resident.
- On approval of the proposed models, work will commence immediately to progress with the procurement process to support the implementation of the new model. It is anticipated that elements of the new model would be in place 2020/21 but it will take up to three years to fully implement the 'hub and spoke' model.

Points to note from a Swansea Bay perspective are as follows:

- Establishment of the Hub in Aberystwyth instead of Carmarthen is likely to increase activity for the Swansea SARC, as individuals in the south region are more likely to attend Swansea SARC;
- Whilst formal commissioning arrangements will be implemented with plans to establish a 'Network', acute hubs must be aligned to health boards for governance purposes.
- Future opportunity may exist to provide more outreach provision using health or other premises for follow up medical treatment;
- Spokes continuing to be provided by the third sector where required;
- Potential for additional funding for the voluntary sector services provided for adults and children who have been sexually assaulted.

2.4 Commissioning and Contracting

Current model

The existing service (New Pathways), has evolved over a significant period of time and is primarily provided by a single third sector provider across South, Mid and West Wales. Swansea Bay UHB is the only Health Board which has a formal SLA and monitoring arrangements in place with New Pathways, all other HBs are just invoiced for the service cost.

Points to note from a Swansea Bay perspective are as follows:

- The commissioning of the voluntary sector service for SARC in Swansea Bay is included in the Health Board's planned procurement process for the voluntary sector, as outlined to the Board previously.
- Whilst this service is provided by the NHS in Cardiff & Vale area, it is unlikely that the NHS could provide this as cost effectively as the voluntary sector.

2.5 Establishing a SARC delivery network

Previously there has been a lack of collaboration and integrated working across the region when looking at the provision of services for adults and children who may have suffered a sexual assault. Whilst there has been significant progress through the work of the Project to develop closer working relationships between organisations and sectors, it is recognised that a formal Network structure would help to ensure this continues.

Proposed model

It is proposed that an All Wales SARC Delivery Network is established comprising a lead commissioning organisation, joint commissioning board and a multi-agency operational delivery network group. This will need to include health, police, commissioners, local authority and third sector. The SARC Delivery Network will be the vehicle through which specialised SARC services for adults and children can be planned and commissioned and delivered on an all Wales basis in an efficient, economical and integrated manner and will provide a single decision-making framework with clear remit, responsibility and accountability. This will include the management of a ring-fenced budget.

As the current host of the Project and the largest service provider it is recommended that C&V UHB host the Delivery Network and associated workforce.

3. GOVERNANCE AND RISK ISSUES

- Progress with the implementation of reconfigured service model may by significantly delayed as a result of individual commissioning organisations being unable to support the required financial contributions, which as a result may lead to negative publicity for the police, Health Boards with Welsh Government and the partner agencies. This may be mitigated by ensuring all organisations continue to be engaged in the SARC Programme and are aware and involved in developing timelines.
- Progress with implementation may be delayed a result of the need to undertake formal engagement and/or consultation on the proposed model. Clarity will be sought from Community Health Councils on any expectations regarding engagement / consultation.
- The total cost of model may significantly exceed the original costs identified as a result of more detailed modelling work and agreed phasing.

4. FINANCIAL IMPLICATIONS

The financial model in phase 1 was based on a regional service model with three adult hubs and two paediatric hubs supported by four additional spokes alongside the spokes in the hubs and a regional component. The revised model retains a commitment to this service model.

Revised Costs and Phasing

Following discussions between the commissioning organisations, an agreement has been reached to consider the implementation of the overall model through a number of stages and align costs accordingly. This acknowledges that further detailed work to develop the model and associated costs for the ‘spokes’ (stage 2)

and the FME services (stage 3) needs to be undertaken to ensure that each component accurately reflects the needs of the service.

Stage 1

Stage 1 will support the implementation of the acute SARC hubs for children and adults and the establishment for the Network and commissioning roles.

The total costs of phase 1 will be split 50:50 between health and police, with each sector required to contribute £581,909 per year.

Table 1. Contribution split

Proposed model phase 1	
Health contribution	£581,909
Police contribution	£581,909
total	**£1,163,817**

Table 2 shows the proportionality split by resident population. This is a notional split for police organisations and further work will be required to agree how a proportionality split will be made.

Table 2. Distribution or costs phase 1.

Estimated health board split*:-			phase 1
(based on population shares)	Resident populations	%	
Cardiff & Vale	493446	20%	118,219
Aneurin Bevan	587743	24%	140,811
Cwm Taf Morgannwg	443368	18%	106,222
Swansea Bay	387570	16%	92,854
Hywel Dda	384239	16%	92,056
Powys	132515	5%	31,748
Total Health Boards	**2428881**	**100%**	**581,909**

Revenue costs incurred locally

The financial model described above does not include any provision for locally incurred costs including revenue and operational costs associated with SARC premises. This is a position mirrored across South Wales, and is not exclusive to Swansea Bay University Health Board.

The move to the SA1 premises will present the Swansea Bay University Health Board with an immediate cost pressure of £12,500 per annum. This is a 50% share of the overall costs with South Wales Police, and includes service amenities costs.

The entire service model has been costed on a population share basis, and Swansea Bay will be ensuring that once discussions are progressed in relation to formal Commissioning arrangements, any local costs are calculated on the same basis, which reflect regional activity flows into Swansea from the Hywel Dda / Dyfed Powys area.

Points to note from a Swansea Bay perspective are as follows:

- The current cost commitment for SBU Health Board for the Childrens' service is £122,717 per annum, which includes costs of the New Pathways SLA, SBU children's clinics, and a funding contribution to Cardiff & Vale. The costs associated with phase 1 for Swansea Bay will be £92,000, and an additional £12,500 for the operational costs associated with the new SA1 premises, amounting to a total of £104,500.
- In the future there will be a need for suitable accommodation for the paediatric hub and no capital or refitting costs have been included within the project, with the assumption any capital requirements aligned to the project would need to be picked up by individual organisations in line with the capital planning process. This will need to be included in the Swansea Bay IMTP for 2021/22. In addition there is likely to be an increase in costs to provide the new paediatric hub, to include sustainable nursing and consultant input. This has not yet been quantified and the Health Board is not being asked to agree this at the current time.
- Further detailed work is to be undertaken to finalise the next phases of costs which are likely to create a cost pressure for the Health Board. The Project lead has confirmed that the phase 1 work programme will be undertaken in 3 stages as follows:
    - Stage 1 – Establishment of the SARC Delivery Network, & Commissioning Framework (completion by 2020);
    - Stage 2 – Implementation of Adult Hubs (completion by 2021);
    - Stage 3 – Implementation of two Paediatric Hubs (end of 2022).
- Any further developments and cost implications will be considered as part of the Health Board's IMTP process.

5. RECOMMENDATION

Members are asked to:

- **RECEIVE and ENDORSE** the recommendations made by the SARC Project Board for the implementation of phase 1 of the SARC Project;
- **NOTE** the changes to the service model in West Wales;
- **NOTE and APPROVE** the required financial commitment for Phase 1 and the increased revenue costs of the new SARC facility in SA1, which is within the current financial commitment to this service.
- **NOTE** that future papers will be submitted to the Board for approval outlining the implications of implementing the further phases of the SARC work programme, some of which will have increased financial commitments for the Health Board and potential capital requirements for accommodation, which will be considered as part of the IMTP process.

Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☐
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☐
	Timely Care	☒
	Individual Care	☐
	Staff and Resources	☒
Quality, Safety and Patient Experience		
The report highlights the work already undertaken and on-going by the SARC project to stabilise and improve SARC services for the population of South, Mid & West Wales and the consequent work undertaken by SBU Health Board in this regard. This in turn will improve the outcomes for patients, and mitigate any quality and safety risks.		
Financial Implications		
It is likely that the implementation of the model of services for children and adults will require additional funding from Health Boards, including SBU Health Board but these figures will be subject to detailed work during phases 2 & 3 and the submission of future business cases. Access to capital funds may also be required to support the development of fit for purpose facilities, which may come from ICF or discretionary capital. There is a small saving for the Health Board arising from the service changes proposed in the plan being put before the Board for approval in this paper.		
Legal Implications (including equality and diversity assessment)		
There are no legal implications associated with this report or the plans outlined within it.		
Staffing Implications		
There are no immediate staffing implications associated with this report, however there will be issues relating to the paediatric workforce for the Health Board to work through as outlined in section 3.2.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The actions outlined in the report support the five ways of working outlined in the Act. SBU Health Board are working with all partners to identify improved ways of working.		
Report History	A previous report on SARC was presented in March 2019.	

Appendices	Appendix 1: Proposal for Regional Sexual Assault Referral Centre (SARC) Model for South, Mid and West Wales

Proposal for Regional Sexual Assault Referral Centre (SARC) Model for South, Mid and West Wales

Author:	Rachel Hennessy, Programme Director
Executive Lead:	Deputy Director Strategy and Planning, C&V UHB
Approved by:	SARC Project Board
Date document approved:	1st August 2019
Caring for People, Keeping People Well:	This proposal is key in delivering outcomes that matter to people and providing sustainable services through delivering care across sectors
Financial impact:	Section 6.
Quality, Safety, Patient Experience impact:	This proposal will provide a more accessible and sustainable service for some of the most vulnerable adults and children across South, Mid and West Wales
Health and Care Standard Number:	2.7 Safeguarding Children at Risk and 3.1 Safe and Clinically Effective Care
Equality Impact Assessment:	Section 7.

Assurance and Approval

- Financial scrutiny and assurance has been provided by the Chief Finance Officers for police and PCCs across South, Mid and West Wales July 2019
- Health boards have considered the financial proposal through their financial representation on the SARC Project and via CEO forum
- The SARC Project Board has approved the service model and costs associated with implementation of phase 1: adult and paediatric SARC hubs, commissioning and network on August 2019

Index

Executive Summary

This paper details the recommendations for the reconfiguration of Sexual Assault Referral Centres (SARCs) across South Mid and West Wales. This report is the culmination of work that commenced in 2013 in response to a Welsh Government review looking at the unmet need in SARC services and the lack of integration between services. Significant work has been undertaken in partnership with multiple agencies to develop a number of recommendations that together will significantly benefit the victims, survivors and their families who use SARC services across the region.

This Final Report was considered and approved by the SARC Project Board 1st August 2019. This report will considered and approved through internal governance structures of the commissioning organisations through the month of September 2019.

The proposed model will provide a more integrated service model that is driven by the needs of service users, supports the provision of services that meet clinical, forensic, quality and safety standards and guidance, and ensures that robust governance arrangements are in place.

The proposed model is based on a hub and spoke approach with three adult SARC hubs in Cardiff, Swansea and Aberystywth and two paediatric SARC hubs in Cardiff and Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes presently located in Risca, Merthyr Tydfil, Newtown and Carmarthen. There is also a commitment to developing an NHS led forensic medical service and establishing an All Wales SARC Delivery Network and commissioning framework.

The proposed model will be staged across three phases.

Phase 1 will support the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles.

The total costs of phase 1 will be split 50:50 between health and police, with each sector required to contribute £578,159 per year.

Proposed model phase 1	
Health contribution	£581,909
Police contribution	£581,909
total	**£1,163,817**

Costs have been agreed in principle for recommendation to individual Boards, by representatives of the commissioning organisations, including Police Chief Finance Officers, to support moving forward with phase 1

Phase 2 and 3

- Phase 2 will look at the provision of the SARC spokes. £1,180,191 was allocated in the original modelling work to accommodate this area for ISVAs (£785,740) and counselling (£394,450). Significant work will be required to look at therapeutic requirements and costs, which has been excluded from work to date.

- Phase 3 will look at the forensic medical examination service. £666,619 was identified as the associated cost of the FME service in the original modelling work.

There is a collective agreement across the commissioning organisations that phases 2 and 3 will required detailed service modelling work and costing. It is anticipated that each of these proposals and associated costs will need to be considered and approved by the Boards of the commissioning organisations.

Assuming there are no further increases costs following the detailed work required in stage 2 and 3 this would result in a total model costing £3,034,713.

For comparative purposes, this would mean an additional investment in the region of £1,375,353 across the commissioning organisations.

Regional model	
Costs of current model	£1,659,360
Costs of proposed model	£3,034,713
Difference	**£1,375,353**

Based on 50:50 split, Health Boards and police would each be required to contribute around **£1,517,357.**

1. SITUATION

This paper provides an overview of Phase 2 of the Sexual Assault Referral Centre (SARC) project since its inception in June 2018. It provides an overview of progress and outlines the key areas for discussion. There remains a commitment from all agencies to the delivery of a service that is clinically safe, sustainable and meets the needs of the population of Wales. It must also demonstrate value for money.

Further integration between health and the police in the delivery of forensic services continues to be a priority, with a joint commitment to the delivery, in the future, of a public sector provided forensic medical service. This paper needs to be considered in conjunction with the proposed financial framework to support the model (attachment 1). An overarching proposed timeline is also attached (attachment 2.)

On approval of this report by the SARC Project Board, the recommendations will need to be considered through internal governance structures for health, police and Police and Crime Commissioners (PCC) as the commissioning organisations. Any further changes to the service model or funding requirements will also need to be considered by the individual commissioning organisations through their internal governance structures.,

2. BACKGROUND

In 2013, Welsh Government commissioned a review to examine the extent to which the SARCs fulfilled the requirements of Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services. The findings from the review formed the case for change for a multi-agency review of sexual assault services across Mid, South and West Wales, led by the National Health Service (NHS) Wales Health Collaborative (phase 1). A Project Board was established comprising representatives from health, the police force and the third sector, to oversee the development of a service model.

Following an option appraisal process, a preferred model emerged which identified regional configuration of services comprising children's services located in two hubs at Cardiff and Swansea and adults services located in three hubs in Cardiff, Swansea and Carmarthen, supported by spokes in Risca, Merthyr Tydfil and Aberystwyth. Newtown was only established during the project phase. It was noted that it would be considered an additional spoke for the area of Dyfed Powys.

In December 2017, the model was agreed in principle, subject to a further review. Concerns were expressed by the Police and health organisations in Dyfed Powys that the proposed move to a single adult hub providing forensic examination services in Carmarthen would be detrimental to the population in the north of the region due to the geography.

In June 2018, Phase 2 of the SARC project was established. A commitment was given by the Project Board to review the proposed service models, costs and activity as well as the provision of FME services across the region (Phase 1 assumed the status quo remained).

The remainder of this paper provides details on the service models and recommendations made by the Project to support a regional SARC service model.

3. ASSESSMENT AND ASSURANCE

The definition of a SARC hub and SARC spoke as agreed through the SARC project is as follows:

SARC Hub: **'**A dedicated facility to provide immediate client care within the context of a partnership arrangement between police, health and the third sector. This should include an acute forensic examination with referral pathways in place to local services to support follow up care'.

In addition, the Hub should provide an acute health needs assessment which includes emergency contraception (with access to emergency Intrauterine Device (IUD) fitting) and Sexually Transmitted Infection (STI) risk including HIV and Hepatitis B with management and the provision of medication at first attendance where indicated. Emergency referral for other health needs can be initiated (mental health, accident and emergency) as well as social services referrals.

SARC Spoke: 'A dedicated facility to provide immediate and on-going client care within the context of a partnership arrangement between police, health and the third sector but does not provide forensic medical examinations'. The spoke should also provide support for victims engaged in criminal justice proceedings. A hub would also house a spoke facility for the local community.

The table in attachment 3 provides a more detailed outline of the services available at the hub and spokes.

The work to develop a preferred service model for the region is underpinned by these definitions, a set of key principles and a baseline data set (attachment 4).

A series of multi-agency option appraisal workshops have taken place and the outcomes used to inform the final model. The finding of the Equality Impact Assessment (EIA) undertaken in Phase 1 has also been considered.

3.1 Childrens Services

There remains a commitment to the original modelling work (2015), which identified two paediatric SARC hubs (Swansea and Cardiff) to provide paediatric acute and historic services across the region – ongoing support will be provided from the more local SARC spokes.

However, difficulties with recruitment of paediatricians in Swansea in 2018 resulted in a proposal to move to an interim model where acute presentations of children under the age of 14 from across the region are being seen at Ynys Saff SARC, Cardiff. Prior to this, children under the age of 13 were seen at Abertawe Bro Morgannwg (ABM) University Health Board (UHB) in hours, including acute presentations, for the population of Swansea and Ceredigion, Carmarthenshire, Pembrokeshire and parts of Powys. Historic cases will continue to be seen in Swansea, Cardiff and Abergavenny. Out of Hours acute paediatric cases up to 14 years of age will continue to be referred to Cardiff.

Due to the challenges associated with providing a sustainable service in Swansea, it was important to review the proposal for a two-hub paediatric model in terms of feasibility and achievability. On review there was support to increase the age of the paediatric hub to children up to 16 years, in line with national guidance and services in North Wales and an option appraisal exercise took place, the outcome of which was support for a two-hub model across the region.

Following this recommendation, a focus group comprising paediatricians across the region was bought together to look at the feasibility of the model and the necessary actions to support implementation. In line with the service model in England, the paediatricians also felt there would be benefits to developing their role so that they could undertake forensic and health assessment single handed rather than requiring the presence of a forensic examiner as well as a Paediatrician.

The focus group also acknowledged that in order to deliver a future service for children in Swansea (which replicates the in-hours service in Cardiff), appropriate accommodation still needs to be identified, that will meet forensic standards and standards associated with the provision of children's services. A formal options appraisal will need to be undertaken and costed. The outcome will need to be considered by the commissioning organisations. Options may include developing a combined adult and child hub on health premises in

Swansea, exploring the opportunity to 'lease' accommodation from the third sector, or paediatrics remaining stand-alone in an improved environment within Singleton or Morriston Hospital. Benefits of a joint model include the ability to access counselling, and staff experienced in the court process and police interviews, so overall better support for families. A joint model would also provide the benefits of being able to integrate adolescents into SARC services without them having to choose between adult and children's services

Both the interim and proposed service model for children have been developed with the intention of minimizing the number of cases needing to be seen out of hours, although an out of hours service will continue to be available in line with the existing service model.

The proposed service model recognises the importance of having an experienced workforce to ensure the quality received by children is of the highest standard. In order to achieve this standard a critical mass is required to enable clinicians to see a minimum number of children to develop and retain the skills and competencies required to provide a high quality service. It is important a child is seen by the most appropriate individual as the trauma of being seen by the wrong person may be as bad as the assault. At present, the small number of children accessing the service means that it is only possible to achieve this at two sites across the region. The aim is for the majority of children to be seen during the day, and as a minimum, be able to offer a paediatric assessment within 24 hours of referral. This may include the opportunities to explore an out-of-hours rota, which flexes across sites (Swansea and Cardiff) in the future.

In drawing together the conclusions of this work, a number of recommendations are being made to the project board.

In hours: proposal

- *Two paediatric SARC hubs (Swansea and Cardiff) will provide services for children up to their 16th birthday. Children can expect a joint examination with a paediatrician and forensic examiner for acute presentations and a single examination by a paediatrician for historic presentation.*
- *Children 16-17 will continue to have a forensic examination at the appropriate local SARC Hub by the Forensic Medical Examiner (FME). Health needs will be considered at each SARC with appropriate signposting. This model will be subject to review and open to change following evaluation of the model for younger children.*

Delivery of the in-hours proposal will require:

- Training of consultant paediatric workforce to manage older children. In general, paediatricians across the NHS see children up to the age of 16 years, except in certain circumstances e.g. cardiac/renal/cystic fibrosis etc .
- Identification of accommodation for paediatric SARC hub to considered as part of a formal multi-agency costed option appraisal.
- Identified sessions in paediatrician's job plans for SARC clinical service provision, training and peer review
- Financial resources to support training and appointment of suitable workforce

Out of hours: proposal

- *One paediatric SARC hub (Ynys Saff SARC) will provide services for children across the whole region up to their 16th birthday. Children can expect a joint examination with a paediatrician and forensic examiner.*
- *Children 16-17 will continue to have a forensic examination at the appropriate local SARC Hub by the FME. Health needs will be considered at each SARC with appropriate signposting. This model will be subject to review and open to change following evaluation of the model for younger children.*

Delivery of the out of hours model will require:

- Training of consultant paediatric workforce to manage older children
- Consideration of a regional consultant paediatric rota for in and out of hours service at Cardiff, supported by a daily fixed clinic and European Working Time Directive (EWTD) compliant.

Forensic examinations for children: proposal

- *Paediatricians will be appropriately trained to undertake forensic medical examination for children presenting at the paediatric SARC hubs.*

Delivery of forensic examinations by paediatricians will require:

- Paediatricians committed to working towards The Faculty of Forensic & Legal Medicine (FFLM) qualification
- Development of a training programme, with time given to paediatricians to undertake the training required.
- Flexibility built into FME contracts in order to support paediatricians seeing sufficient cases to be deemed competent to take on the role.

- Clarification of legislation around paediatricians trained to undertake a combined health/forensic medical examination being able to do so. In England this is a common model of care but may require support from Welsh Government in Wales to implement a similar model.

3.1.1. Children living in Powys

Powys covers a large geographical area in the middle of Wales. Services to support the population of Powys may be commissioned from Health Boards in both North and South Wales and from NHS England, taking into consideration the requirements of the population. Further consideration has been given to the proposed children's model, i.e. paediatric SARC Hubs in Swansea and Cardiff and the impact on children in North Powys. Since late 2016, when the SARC provision in Telford closed, there has been no formal pathway in place for children residing in North Powys. Betsi Cadwalader UHB have stepped in to support PTHB on an ad hoc informal basis in the interim.

When considering indicative travel times (Attachment 6) it was felt more equitable for children in North Powys to access SARC services in North Wales, rather than Cardiff or Swansea – ongoing support would be from the more local SARC spoke in Newtown. Whilst there has been no provision for North Powys resident requiring access to SARC services from North Wales previously, it is felt this would be the most beneficial model for children in this region requiring access to FME services. In concluding this the following recommendation is being made for children in North Powys:

- *There is a commitment to developing pathways for children up to their 16th birthday, who live in North Powys to access SARC services in Colwyn Bay, North Wales, if they require a forensic medical examination.*

Delivery of service for children in North Powys will require:

- Discussions with Betis Cadwalder/North Wales Police regarding the preferred model.
- Clear pathways to be developed
- A funding agreement to support cases being seen in North Wales

Timelines

The Interim children's model is for an initial period of twelve months. However, there are no plans to withdraw this service before the preferred service model is implemented.

On approval of the preferred model by the Project Board, work will commence immediately to put in place the enablers to support the implementation of the full children's service model. It is anticipated implementation will be incremental with a lead in time of one to two years.

Further work is required to determine the time frame to support paediatricians undertaking forensic examinations of children.

3.2 Adults services

Services are currently provided by third sector across the region with the exception of in Cardiff and Vale where the service is provided by NHS Wales. All SARCs across the region currently offer the facility for adults to undergo a forensic examination. They are currently located in Merthyr Tydfil, Risca, Ynys Saff Cardiff, Swansea, Carmarthen, Newtown and Aberystwyth.

In Phase 1, the SARC project agreed the principle of a 'hub and spoke' service model, based on national guidance. This resulted in a model with three hubs (Cardiff, Swansea, Carmarthen) and four spokes (Merthyr Tydfil, Risca, Aberystywth and Newtown – towns with existing SARCs). The decision on a hub and spoke model and the number of hubs in the region was made following an extensive option appraisal process, where consideration was given to safety and quality, sustainability and future proofing (including the ability to meet critical mass and minimum caseload requirements), access, equity, achievability and acceptability.

This model was agreed in principle subject to a further review following concerns raised by Dyfed Powys Police regarding access to forensic services for the population in the north of their region.

Phase 2 reviewed the model, activity, service specification and associated costs. The Project recognized the challenges associated with the geography of Dyfed Powys and the necessity for a model reflective of the needs of the local population. Therefore, after extensive discussion and review of the supporting information, a revised service model was agreed. The revised model supports the principles in Phase 1 - a single SARC hub for the Dyfed Powys region, supported by two spokes. However, it is proposed the SARC Hub is located in Aberystywth, with the two spokes in Newtown and Carmarthen. In this model, access to forensic services for the north of the region would be retained. Clients in the south of the region, would access the nearest SARC Hub at either Swansea or Aberystywth depending on where they are resident. This model will support the holistic needs of the clients, increased sustainability and the opportunity for greater integration between sectors, including a closer alignment with the sexual health services. It would also provide more equitable

coverage as part of a strategic model of sexual assault services across South, Mid and West Wales, with SARC hubs located in, Cardiff, Swansea and Aberystywth.

Data used to underpin the service planning process suggest there are approximately 1654 over 16 year olds with an initial presentation at a SARC across the region (2017/18). Of this figure only 306 underwent a forensic medical examination and therefore would be required to attend the SARC Hub in the recommended model.Tthe remaining 1348 would receive service from their nearest SARC spoke. Individuals presenting at the SARC Hub (306 cases) would return to their nearest SARC spoke or health board providing sexual health services, for follow-up support after the acute examination.

Table 1 gives an overview of how activity levels (The number of individuals presenting for a forensic and health examination, would change based on the introduction of three SARC hubs in Aberysywth, Cardiff and Swansea.

Table 1. changes in activity levels based on 2017/18 data

Region	**SARC**	**Current number requiring FME**	**Proposed number requiring FME**
Mid and West Wales	Aberystwyth*	13	24
	Newtown	11	0
	Carmarthen	30	0
South West Wales	Swansea*	**53**	**83****
South East Wales	Ynys Saff Cardiff*	86	199
	Risca	67	0
	Merthyr	46	0
	Grand total	**306**	**306**

*will be SARC hubs providing forensic and health examinations in the proposed model
** It is recognised that individual in the south of the region are more likely to attend Swansea SARC.

Whilst the preferred model clearly offers a number of benefits for clients accessing the service, there are a number of areas, which need to be considered when moving forward with implementation of the recommended service model.

Support will need to be provided for those who may incur longer travel times, when compared with the current model. Attachment 6 provides indicative travel times from various parts of the region to their nearest Hub. However, it also needs to be recognised that some individuals may chose not to be seen at their nearest SARC hub. The commissioning framework needs to address this and ensure that individuals are able to access services at any SARC Hub they choose across Wales without complications.

Concerns have been expressed that at times there could be multiple cases attending a single SARC Hub. This is not a unique situation and there are examples across the country where SARCs have multiple cases presenting at the same time. In these circumstance cases will be assessed, managed and prioritised based on the needs of victim rather than by the area in which they reside. This service will need to be supported by clear operational protocols and performance monitored closely. During phase 1 (2015/16) modelling work looking at a service model with three SARC hubs, calculated that based on current demand, very few days of the year would have more than one case presenting at the same time.

Welsh Government has also given approval for redevelopment of the SARC in Cardiff, which will have additional capacity to accommodate the increase in demand from Risca and Merthyr Tydfil SARCs resulting from the change in model as well as having the ability to accommodate potential increase in demand.

South East Wales proposal:

- *A single adult hub to support South East Wales, at Ynys Saff SARC, Cardiff (which will also provide spoke services to Cardiff and Vale population) supported by spokes in Risca and Merthyr Tydfil.*

South West Wales proposal:

- *A single adult hub to support South West Wales (will also support a proportion of Hywel Dda population) provided in Swansea, which will also provide spoke services to Swansea population.*

Mid and West Wales Proposal:

- *A single adult hub to support Mid and West Wales provided in Aberystwyth, (which will also provide spoke services), supported by additional spokes in Newtown and Carmarthen.*

When considering the overall model for the provision of adult services there are a number of other areas for consideration, which may help to address concerns relating to governance and access to services:

- Alignment of SARC hubs with health boards, allowing for strengthened governance processes.
- Services (both hub and spoke) may continue to be provided by the third sector, however, operational lines of governance and accountability for SARC provision would be through a health board for the SARC hub service, via the commissioning infrastructure.
- This model would provide the professional and clinical governance structure to support the appointment of clinical coordinators in each centre, alongside the third sector, creating a more integrated service. At present with the exception of Ynys Saff SARC Cardiff, there is no clinical input (with the exception of visiting FMEs) to provide a link between the SARCs and the health service requirements of the individual client accessing the service.
- Future opportunities may exist to provide outreach provision using health premises for follow up medical treatment and psychological support.
- Further consideration needs to be given to the benefits and opportunities for developing local SARC spokes in other areas of the region.
- Spokes continue to be provided by the third sector where appropriate. Whilst there will be a core service specification within a spoke, local police forces/PCCs may choose to commission additional services from the third sector/health to meet the requirements of the local population. That would be at the discretion of the local police force/PCC and outside the remit or costings of this proposal.
- A task & finish group will need to be established to develop the detailed work, including costs associated with the 'spokes' to support the SARC hubs. This will also need to consider therapeutic required.

Timelines

On approval of the proposed models, work will commence immediately to progress with the procurement process to support implementation of the new model. It is anticipated that elements of the new model would be in place 2020/21 but it will take up to three years to fully implement the 'hub and spoke' model.

3.3 Forensic Examination Service

This project promotes a Health delivered Forensic Medical Examination (FME) service as the preferred means of delivery in Wales, and has the commitment and support from Police and Health Services to achieve this. However, it is

realised the transition time may take five to ten years dependant on current contracts and the training of health professionals to undertake the roles.

Currently commissioned by individual police forces across the region: Gwent Police; South Wales Police and Dyfed Powys Police. Three private providers are commissioned alongside a number of self-employed doctors in Gwent. There are concerns with the current model regarding sustainability, clinical governance and limited engagement with local health services.

The proposed model to move towards and NHS provided FME service, if agreed, will require further work to develop a detailed costed model which will independently of this report need to be considered and agreed by the individual commissioning organisations.

In the interim, there is clear agreement that Health and the Police will take an integrated approach to developing and monitoring existing forensic services and wherever appropriate, as existing contracts end, there is a collective agreement to move forward with implementing the principles of the agreed model.

FME Proposal

- *'Two private providers for South Wales Police/Gwent Police and Dyfed Powys Police, with a move to single provider once current contractual arrangements come to an end.*
- *There is a commitment from Health organisations and police organisations to developing an NHS provided FME service throughout Wales.*

Delivery of the FME proposal will require:

- Identification of a lead commissioning police force to support the implementation of a single provider.
- A phased approach due to differing lengths of existing contracts.
- Establishing a task and finish (T&F) group comprising health and police organisations, to develop a detailed service model and associated costs, which addresses both health and forensic needs of the client and ensures standards and guidelines are met.
- Development of a clear model to support an NHS provided FME service, including training requirements which will need to be fully costed and appropriate funding streams identified if required. Due to time needed to train clinicians to carry out a forensic medical examination competently

and to national standards, training may need to start before current contracts have expired.

- Health to support police forces in monitoring and managing existing FME contracts.
- As current legislation stands there would need to be an open and transparent procurement process, which would require Health to tender for the service.

Timeline

On approval of the proposed models, work will commence to establish a joint health/police task and finish group to take forward the work required to move to a fully costed and detailed service model. It is anticipated that elements of the new model would be in place 2020/21 as forces move towards a single private provider for the region. However, it is anticipated it may take up to ten years to fully implement the preferred NHS provided FME services. This will also be subject to approval of funding by individual organisations.

4. COMMISSIONING INTENTIONS

As public bodies providing the funding to SARC services, there is a statutory obligation on health and the police to account for their spend and a requirement to go through an open and transparent public procurement process where a commercial contract is required, which in the current and proposed service model is the case. The exception to this will be the service at Cardiff and Vale (C&V) UHB and children's services at Swansea Bay UHB, which, as existing NHS services currently funded by NHS and Police, provides for the local population (and will not change), can be excluded from a procurement process. This exemption would be based upon case law & codified under the Public Contracts Regulations (Reg 12(7)) where public-to-public collaboration, which is purely in the public interest can be exempt from the regulations. This exemption would need to ensure it meets the tests required under law.

As health is the assumed lead commissioning organisation, following recommendation in phase 1, guidance has been sought from NHS Wales Shared Services regarding any formal processes required to formally appoint contracts between health as the lead organisation and the service provider/s. NHS Wales Shared Services are the All Wales organisation, which supports procurement of contracts, which cross several health regions. Shared Services will need to lead the procurement process and a procurement board established under the wider SARC project structure.

Currently the SARC services are provided predominantly by third sector and funded by the regional police and PCCs. The costing of the preferred model in phase 1 identified a significant increase in funding required. Forensic services

are currently commissioned by the police due to legal requirements, which will need to continue based on their current financial commitment to the provision of FME services.

Contracts that are currently in place with third sector are limited and agreements in the main are extended year on year with majority of agreements/contracts currently to April 2020.

Proposal

- *A formal procurement process, led by NHS Wales to appoint the hubs and spokes across the regional service model.*

This will require:

- Joint collaboration between health and the police to develop a clear service specification and in taking forward the procurement process.
- Development of a clear commissioning and procurement process to address separately the requirement for SARC hubs and spokes in line with agreed phasing of the service model. There will need to be a level of flexibility to ensure local needs are considered and additional finance streams can be accessed, alongside meeting core service requirements.
- Support from Welsh Government to manage any concerns associated with taking forward the process
- Resources from NHS Wales Shared Services to lead the procurement process.
- Agreement on the financial model to support the approved service model and appropriate funding identified. This funding will need to be ring-fenced once approved in order to account for the time it will take to go through the procurement process, award contracts and implement the model.
- Additional detailed assessment, legal input, a governance process/board in place, a definitive statement of service requirements and a panel of end users/stakeholders to assist with any evaluative work.

Timeline

It is anticipated that the actual procurement will take several months to complete, with non-FME contracts awarded and services in place by April 2020.

5. ESTABLISHING A SARC DELIVERY NETWORK AND A COMMISSIONING FRAMEWORK

It is recommended an All Wales SARC Welsh Delivery Network , comprising a multi-agency Operational Deliver Network alongside the joint commissioning board and lead commissioning organisation should be established. Unlike the SARC Project, the network would include north Wales.

The SARC Network would be a multiagency forum and provide a platform to engage with third sector and the public, as well as linking the different strands (health and Violence Against Women Domestic Abuse Sexual Violence (VAWDASV) in Welsh Government. It would lead the development and implementation of an All Wales service strategy and act as a specialist point of contact. It would provide evidence based and timely advice to the Welsh Government and the lead commissioner to assist the service in discharging its functions and meeting their responsibilities. It would also be responsible for undertaking planning for the development and delivery of an integrated SARC service on an all Wales basis and determine services to be procured in Wales, advise, audit and monitor performance and clinical governance and lead in the development of care pathways and service specifications.

The SARC Network will also be the vehicle through which specialised SARC services for adults and children can be planned and commissioned on an all Wales basis in an efficient, economical and integrated manner and will provide a single decision-making framework with clear remit, responsibility and accountability. This will include the management of a ring-fenced budget.

The Network will also support the development, implementation and monitoring of a single database across the region which will monitor activity, performance, delivery against standards, outcome measures and support future service planning.

Phase 1 (2015/16) of the SARC Programme identified the need for an independent lead commissioning organisation from health, a joint commissioning board and a move to develop pooled budgets. In line with phase 1 (2015/16) recommendations, Phase 2 (2018/19) has looked further at developing the model needed to support the delivery of the SARC service for the region. The SARC model appears unique in that there does not appear to any other clear examples in Wales where funding is provided across health and another public body (other than local authority). It is recognised that to deliver this model, a formal commissioning structure is required, including a lead commissioning organisation, and a joint commissioning board.

The lead commissioning organisation will be responsible for develop the detailed service specification to support the procurement process, the service planning and contracting and commissioning of SARC services across the region. There will need to be an agreement on a form of collaborative

commissioning, rather than pooled budgets (policy does not currently allow for pooled budgets to be established between health and the police).

Some resource to support both the Network and the commissioning organisation have been identified in the workforce modelling (attachment 1a). Once the service model has been agreed and a lead commissioner identified, a commissioning framework will be developed and an Delivery Network established. As previously noted in section 3.3, the police will need to retain the commissioning lead for FME services.

As the host organisation for delivery of the SARC programme of work and as the largest service provider it is also recommended C&V UHB is appointed to host the Operational Delivery Group as part of the overarching Delivery Network.

Proposal

- *An All Wales SARC Delivery Network is established, comprising an Operational Delivery group and a joint Commissioning Board with a lead commissioning organisation A lead commissioning organisation is identified*
- *C&V takes on the role as lead provider organisation*

This will require:

- Formal recognition by Welsh Government of a SARC Welsh Delivery Network as the specialist advisory body on SARC services for Wales
- Support from Welsh Government, including finances for establishing a SARC Welsh Clinical Network including regional clinical leads and a network manager.
- Engagement from commissioners, providers and service users as appropriate
- Health Boards to identified a lead commissioning organisation

Timeline

Further discussions are required with the commissioning organisations to identify a lead commissioning organisation and develop the commissioning framework with clear governance structures and terms of reference. The appointment of the lead commissioning organisation needs to take place as a priority.

It is proposed that the Project Board will formally close and handover to the Network once the relevant lead organisations have been identified and the supporting structure established. A 6-12 month leading time is anticipated.

6. FINANCES

6.1 Financial assumptions

The financial model in phase 1 was based on a regional service model with three adult hubs and two paediatric hubs supported by four additional spokes alongside the spokes in the hubs and a regional component. The revised model retains a commitment to this service model. In addition, agreements supported by the project board in phase 1 have been upheld throughout phase 2. In line with this the following assumptions underpin the finance modelling work:

- Finance, Human Resources, Procurement and other corporate functions have been excluded and assumed to be absorbed within each organisation.
- Clinical supervision is managed within the resources identified in the proposed model.
- Cardiff infrastructure costs have been excluded.
- Out of Hours referrals will reduce due to extended opening times and proposed expansion to daily clinics.
- Paediatrician out of hours are minimal, and costs are based on the current model in Cardiff and Vale

The costs for the current model for comparative purposes have been reviewed and updated and are provided in detail in attachment 1a. The costs, including grants, which have been factored into the model, are those provided by representatives from health, police and third sector as nominated, who are member of the SARC finance T&F group.

Funding streams included relate only to those in health and police allocated to SARC services. They do not include any additional grants received by New Pathways for other service provision, which may or may not relate to SARC services

Management of the finances will be through the lead commissioner and associated joint commissioning board. The payment process will need to be determined once the lead commissioner and joint commissioning board is in place.

6.1 Revised Costs and Phasing

Following discussions between the commissioning organisations, an agreement has been reached to consider the implementation of the overall

model through a number of stages and align costs accordingly. This acknowledges that further detailed work to develop the model and associated costs for the 'spokes' and the FME services needs to be undertaken to ensure that each component accurately reflects the needs of the service. This programme of work is seen as a ten-year transformational programme of change.

Delivery of the service model has been split into three distinct stages:

- Phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network
- Phase 2: Implementation of SARC Spokes
- Phase 3: Implementation of FME model.

Costs have been agreed in principle for recommendation to individual Boards, by representatives of the commissioning organisations to support moving forward with phase 1

Attachment 1a shows the detailed costs associated with phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network and the proposed phasing of those costs in line with the agreed model for this part of the work (attachment 1b).

It is proposed that the implementation of Phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network will costs £1,163,817.

6.2 Financial Impact for commissioning organisations of Phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network

It was and continues to be acknowledged that the financial situation for the NHS and for the police service is increasingly challenging and, likewise, third sector organisations are at risk due to uncertainties in respect of funding from statutory bodies, grant funding and charitable funding.

In line with the financial modelling in Phase 1 (2015/16), costs have been spilt 50:50 between health boards and the police forces/police and crime commissioner offices. It was acknowledged that there is no specific guidance on the respective responsibilities of statutory partners for sexual assault services and services provided within SARCs other than responsibility for forensic medical examination within Wales, which remains with police forces. In light of this the Phase 1 Project Board agreed to take a pragmatic approach to recommendations for a future funding model. Thiswas a shared funding

model, with a 50:50 split between the NHS and the police/PCCs that would then be further split based on population shares.

Table 2. Distribution of Costs based on 50:50 split

Proposed model phase 1 (2015/16)	
Health contribution	£581,909
Police contribution	£581,909
total	**£1,163,817**

The costs currently incurred by Health Boards to support the interim children's model will be consider as part of the contribution by Health Boards to the final model and not as a cost they will incur in addition to that of the final model.

As identified in Phase 1 (2015/16), costs incurred by each Health Board will be based on a split by resident population. Table 3 outlines these anticipated costs by Health Board, based on the boundary changes, which came into being 1st April 2019. A similar pragmatic approach has been taken to the split by police force region. However, this is for visual purposes only and is only notional. Further work will be required by the police organisations to determine an appropriate proportional split of their funding contribution.

A more detailed piece of work will need to be undertaken led by the lead commissioning organisations and joint commissioning board to determine the final commissioning model.

Table3. Distribution or costs phase 1.

Estimated health board split*:-			phase 1
(based on population shares)	Resident populations	%	£
Cardiff & Vale	493446	20%	118,219
Aneurin Bevan	587743	24%	140,811
Cwm Taf Morgannwg	443368	18%	106,222
Swansea Bay	387570	16%	92,854
Hywel Dda	384239	16%	92,056
Powys	132515	5%	31,748
Total Health Boards	**2428881**	**100%**	**581,909**

Estimated police force region split*:-			phase 1
(based on population shares)	Resident populations	%	£
Dyfed Powys Police	516754	21%	122,201
Gwent Police	587743	24%	139,658
South Wales Police	1324384	55%	320,050
Total police region	**2428881**	**100%**	**581,909**

- **Revenue costs**

The workforce model has been develop in line with the principles of the service specification developed in Phase 1 (2015/16) and reviewed with existing SARC managers.

As advised by the finance team in Phase 1 (2015/16), the cost of the workforce are based on NHS Wales Agenda for Change (A4C) pay scale (mid-point and including on-costs). There was recognition that the pay structures differ in the public sector to the third sector and that there was no standard pay structure across the third sector. It is acknowledged, however, that these costs only apply to NHS provided services and therefore are notional as a procurement process will need to take place for SARC services outside those currently provided by the NHS.

- **Non pay costs**

Non-pay costs comprise all costs not associated with payment of the workforce. This includes general consumables, drugs, travel, ISO accreditation etc. Costs to support the non-pay have been identified in the financial model.

To support the deliver of Phase 1 (Implementation of SARC Hubs for adults and children and establishing the commissioning framework and network), the non-pay cost included in the financial case is based on the current non-pay costs incurred by Ynys Saff SARC as the only existing integrated SARC hub for the region providing health and forensic assessment. There is also an additional £20,000 included to reflect the anticipated increase in travel costs for service users associated with a move to three hubs. A clear operating policy will need to be developed to support this. The non-pay costs will need to be monitored closely by the joint commissioning board.

Costs associated with the three-yearly assessment for ISO accreditation are recognised in the financial case. Any work required to meet accreditation standards for Ynys Saff SARC, Cardiff will be included within the C&V UHB major capital business case currently going through the All Wales planning process. Costs associated with relocation of Aberystywth will need to be

included in any appropriate capital bid for Hywel Dda UHB as referenced above, as will those for the children's SARC hub in Swansea, led by Swansea Bay UHB. Further, discussions will need to take place regarding Swansea adult hub as the premises are owned outright by the third sector and have recently been subject to complete refurbishment. Clarification will need to be sought regarding the level of involvement by the police in developing the forensic requirements of the new build and assurance from the third sector that ISO requirements have been addressed

The police throughout the UK have always provided specialist forensic consumables to allow for quality assurance from suppliers. No changes to this model have been considered to date.

- **Capital Costs**

Capital costs have not been included in phase 1 or 2 as the focus of the project has been on reconfiguration of existing services.

Therefore, there is an assumption that equipment including scopes, consumables etc. that currently support forensic service at the SARC sites, that will no longer host a forensic facility, will be transferred to the new SARC Hubs.

Whilst it is not possible to go into significant detail regarding capital costs at this stage, it is possible to clarify some high level principles associated with management of capital costs. There is also an assumption that existing funding streams will continue until a formal change to the commissioning model is in place. Any changes to revenue and capital responsibilities outside those agreed by Boards in September, will also need to be agreed through a clear joint commissioning framework and will be developed through the proposed joint commissioning and procurement board, with representatives from health, police forces and police and crime commissioners

Where a SARC hub is located on health premises and requires capital investment, a business case for capital costs, which may collectively include the costs of equipment, fixtures, fittings and inclusion of examination facilities to meet ISO standards, would be developed by the Health Board hosting the SARC Hub and considered through existing NHS capital planning processes. Development of the business case would require endorsement from police colleagues.

There are currently two capital planning streams in the NHS. The process followed will depend on the level of investment required. Each Health Board has a discretionary capital programme, which addresses smaller capital

requirements. This would also be available to apply for replacement equipment. In addition, where major capital investment is required, it would be necessary to develop a formal business case by the hub host provider for consideration through the All Wales Capital Planning Programme.

Where a SARC hub is located on an NHS site, ongoing responsibility associated with the maintenance of the site will also be the responsibility of the host Health Board.

- **Transitional Costs**

Transitional costs to support the implementation of the recommended service model e.g. commissioning and Network development, have been built into the overarching finances. Health Boards will continue to support a Programme director to lead the work. Police forces have indicated a commitment to identifying resource to support the Programme Director in the next phase of the work.

- **Additional costs**

It is recognised that the costs associated with the recommended model are only those identified as 'direct costs'. Both health and the police incur significantly more costs associated with SARC service provision, as part of their wider service delivery.

Consideration will need to be given to how any unforeseen costs will be accommodated. This will need to be considered by the joint commissioning board.

6.3 Future costs associated with Phase 2 and Phase 3.

It is acknowledged that further work is required to develop detailed models and associated costs of delivery for the 'spoke' services and FME services. It is recognised that each proposed phase can be considered independently. Each phase will require a separate business case and approval from individual organisations to proceed with implementation. An organisation which currently incurs the costs associated with providing the services to be considered in phases 2 and 3, will continue to do so until a detailed model and financial framework has been agreed and the new model commissioned and implemented.

Phase 2 will look at the provision of the SARC spokes. £1,180,191 was allocated in the original modelling work to accommodate this area for ISVAs (£785,740) and counselling (£394,450) (figures have been uplifted for agenda for change banding and inflationary increases). Significant work will be required to look at therapeutic requirements and costs, which has been excluded from work to date.

Phase 3 will look at the forensic medical examination service. £666,619 (figure has been uplifted for inflation) was identified as the associated cost of the FME service in the original modelling work.

Assuming there are no further increases costs following the detailed work required in stage 2 and 3 this would result in a total model costing £3,034,713.

For comparative purposes, this would mean an additional investment in the region of £**1,432,995** across the commissioning organisations.

Table 4. Differences between current and proposed costs

Regional model	
Costs of current model	£1,601,758
Costs of proposed model	£3,034,713
Difference	**£1,432,995**

There is no additional funding identified to support the proposed increase in costs above the current service level at present. However, following the work of the NHS Wales Health Collaborative (2016), the Cabinet Secretary for Health wrote to Health Boards outlining his intention that future funding requirements as detailed in the NHS Wales Health Collaborative financial assumptions should be ring-fenced from 2016/17 onwards. This equals £1,684,453.

7. EQUALITY IMPACT ASSESSMENT

An EIA was undertaken in phase 1 (2015/16) of the project, which was used to inform the initial recommendation to the SARC Project Board. This work included review of national evidence and formal engagement with key stakeholders to identify the potential impact on protected characteristic groups The EIA has been updated to reflect the work in Phase 2 (2018/19) (attachment 6). As Phase 2 continues to follow the principles in Phase 1, the EIA continues to underpin the recommendations in this paper.

It is anticipated that further formal engagement will be required. This will need to be proportional and undertaken in collaboration between health organisations and police organisation. Advice is also being sought from the Community Health Councils in Wales, who had been engaged at the earlier stages of the Project in Phase 1.

8. RECOMMENDATIONS TO THE SARC BOARD

Significant work has taken place with partner agencies over the last 12 months in order to bring forward proposals for a regional SARC service model.

The Project Board are now asked to approved the following recommendations:

Recommendation 1.	There should be two paediatric hubs *(Swansea and Cardiff) providing in-hours services for children up to their 16th birthday.* *Training and recruitment of staff will be required and a costed optional appraisal to identify appropriate accommodation in Swansea that meets forensic standards and standards for children's services.*
Recommendation 2.	*There will be one paediatric hub (Ynys Saff SARC) that will provide services out of hours for children across the region up to their 16th birthday,*
Recommendation 3.	*Children 16-17 will have their forensic examination undertaken by an FME at the appropriate local SARC Hub at all times.* This will be subject to evaluation and review moving forward.
Recommendation 4.	*There will be a commitment to developing appropriately trained paediatricians to undertake forensic medical examination for children presenting at the paediatric SARC hubs.* *It is anticipated this will take 3-5 years due to training requirements.*
Recommendation 5.	*There is a commitment to developing pathways for children up to their 16th birthday, who live in North Powys to attend for service in Colwyn Bay, North Wales, if they require a forensic medical examination.*

Recommendation 6.	*There will be a single adult hub in South East Wales, at Ynys Saff SARC, Cardiff which will provide services to the populations of South East Wales* *SARC Spokes for the region will be in Risca and Merthyr Tydfil.* *Ynys Saff SARC Hub will also act as a spoke for Cardiff and Vale region.*
Recommendation 7.	*There will be a single adult SARC hub in South West Wales provided in Swansea, which will provide services to the population of South Dyfed Powys region and Swansea.* *Swansea SARC Hub will also act as a SARC spoke for the Swansea region.*
Recommendation 8.	*There will be a single adult SARC hub in Dyfed Powys provided in Aberystywth, which will provide service to the population of Mid and West Wales.* *SARC Spokes for the region will be in Newtown and Carmarthen.* *Aberystywth SARC Hub will also act as a SARC spoke for the Aberystywth region.*
Recommendation 9.	*There will be a commitment from Police organisation to move towards a single provider for FME services across the region.* *This will be phased over 3-5 years due to existing contractual arrangements.*
Recommendation 10.	*There will be a commitment from Health organisations and police organisations to developing an NHS provided FME service throughout Wales.*

	This will require a commitment to formal training of healthcare professionals and recognition within job plans for trainers and trainees on a regional basis. This will also require commitment to management of new/existing contracts with private providers to support the training of clinicians. *Funding will need to be clearly identified to support the training and running of an NHS provided model.* *It is anticipated this will take 5-10 years due to training requirements.*
Recommendation 11.	*There will be a formal joint procurement process (health and police), led by NHS Wales to appoint the hubs and spokes across the regional service model.* *Consideration will need to be given to ensuring there is flexibility in the process to meet local population needs alongside the core requirements of the new service model.*
Recommendation 12.	*An All Wales SARC Delivery Network is established, comprising an Operational Delivery group and a joint Commissioning Board with a lead commissioning organisation.*
Recommendation 13.	*A Lead commissioning organisation from health is appointed to establish and manage the contracts and commissioning framework as part of the Delivery Network*
Recommendation 14.	*C&V UHB is formally appointed to host the Operational Delivery Group as part of the Delivery Network*

Attachment 1 Proposed Financial Framework May 2019

	JULY 19 VERSION PHASE1 COSTS Proposed		
	wte	**band**	**£000s**
Adult SARC HUB			
Sarc Manager	2	8a	114,579
Regional SARC Co-ordinator - South East Wales, South West, Mid & West Wales	2	6	78,575
Crisis worker	5	4	132,797
clinical lead/nurse	2	6	78,575
Crisis workers on call out of hours (adults)	2.5	4	66,399
Children's SARC hub-			
Consultant	2		257,142
Crisis worker	2	4	53,118
clinical coordinator	1.32	4	35,058
Paediatric/sexual health nurse	1.64	6	64,430
Paediatrician on call costs (intensity banding)			41,606
Crisis workers on call (children)	1	4	26,559
Clinical Network/regional costs:-			
Clinical Lead (Adult)	0.2		25,714
Clinical Lead (Children)	0.2		25,714
Network Manager	0.5	8c	40,462
Network/Data support (inc in above)	0.5	5	15,945
Commissioning lead	0.5		28,644
Non pay spend			78,500
Total	**53.86**		**1,163,817**

Attachment 1b. staging of costs associated with implementation of the SARC hubs for adults and children

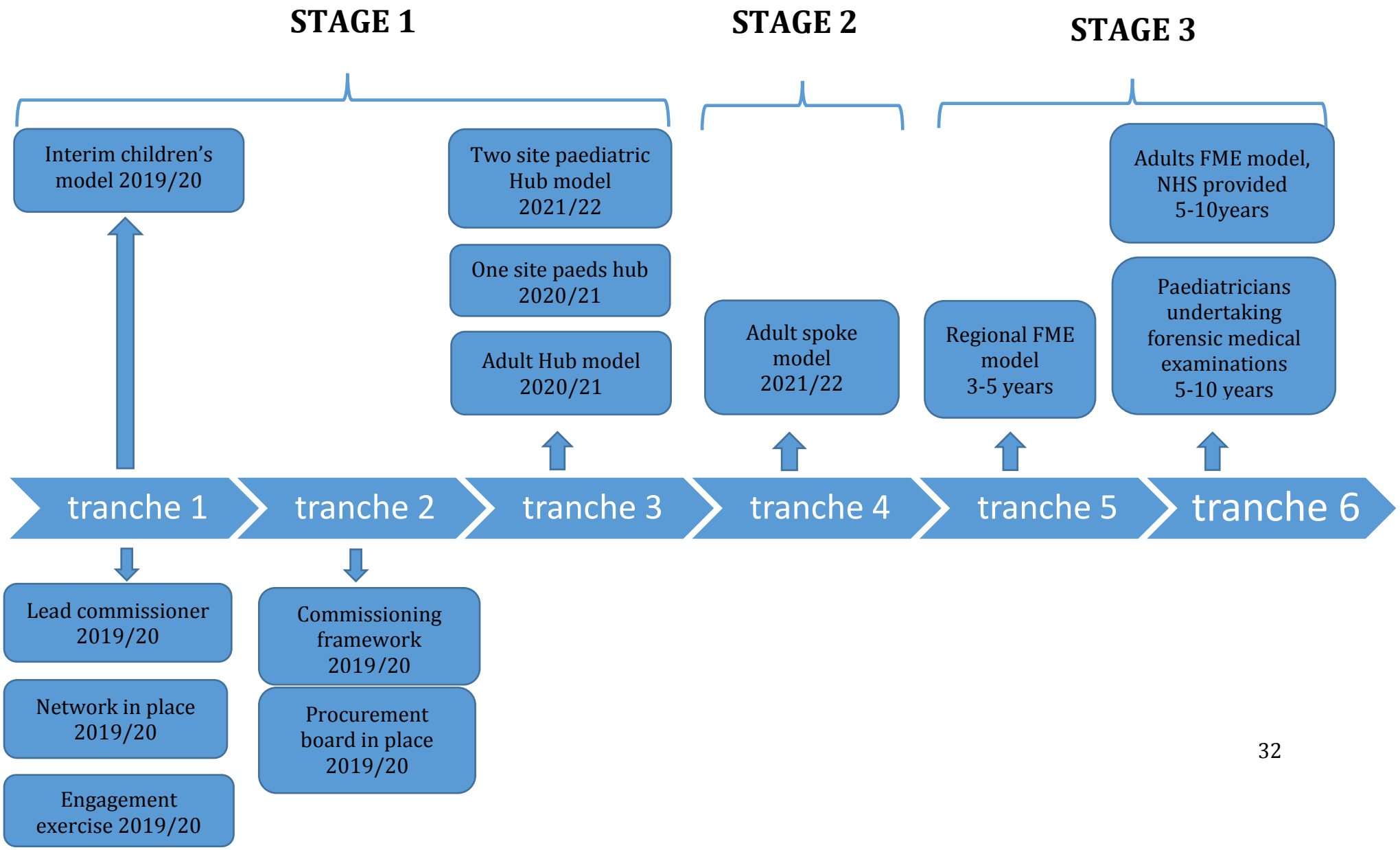
- This phasing excludes costs for ISVAs, Counselling and FME services.
- These costs will be in addition to the costs below and will continue to be paid by the current service contractor until the detailed costed models have been agreed and approved by each commissioning board.
- In the event that the service model for 'spokes' (ISVAs, Counselling) is agreed for implementation prior to 21/22, this figure may change.

phase 1 SARC hubs	**19/20 £**	**20/21 £**	**21/22**
Current costs	510,467		
Interim Children's Model	219,633		
Revised Hub Model (Adults)		470,925	470,925
Revised Children's Model		273,039	477,913
Lead Commissioner	14,322	28,644	28,644
Network	53,917	107,835	107,835
Non pay	58,176	78,500	78,500
Total	**856,515**	**958,943**	**1,163,817**
Current costs	510,467	510,467	510,467
Increased costs	**346,048**	**448,476**	**653,350**

Financial contribution based on population. Appropriate proportionality split to be further determined by police organisations.

	Population	%	year 1 19/20	Year 2 - 20/21	Year 3 - 21/22
Aneurian Bevan	587743	24%	61,409	114,249	140,825
Cardiff & Vale	493446	20%	51,557	95,919	118,231
Cwm Taf Morgannwg	443368	18%	46,325	86,184	106,232
Hywel Dda	384000	16%	40,122	74,644	92,007
Powys	132515	5%	13,846	25,759	31,751
Swansea Bay	387570	16%	40,495	75,338	92,863
Total Health Boards	**2428642**	**100%**	**253,753**	**472,092**	**581,908**
	Population shares	%	year 1 19/20	Year 2 - 20/21	Year 3 - 21/22
South Wales Police	1283000	54%	18,432	255,029	314,353
Gwent police	577000	24%	8,289	114,694	141,373
Dyfed Powys Police	515000	22%	7,399	102,369	126,182
total police	**2375000**	**100%**	**34,120**	**472,092**	**581,908**
grand total			**287,872**	**944,184**	**1,163,817**

Attachment 2. DRAFT TIMELINE



Attachment 3: Hub and Spoke service specification

Service Specification	**Hub**	**Spoke**
Twenty-four hour access to crisis support, first aid, safeguarding, specialist clinical and forensic care and ongoing support in a safe place	X	
The SARC has a core team to provide 24/7 cover for a service which meets NHS standards of clinical governance, the European Working Time Directive and agreed forensic standards	X	
Dedicated forensically approved premises and a facility with decontamination protocols following each examination to ensure high quality forensic integrity and a robust chain of evidence	X	
Access to forensic medical examiners (FME) and other practitioners who are appropriately qualified, trained and supported and who are experienced in sexual offences examinations for adults and children. Clients should also be able to choose the gender of the forensic examiner for their clinical examination.	X	
The forensic practitioners should be managed by health with joint funding from Health and Police to meet both health and forensic needs of the victim	X	
The medical consultation including risk assessment of self harm, together with an assessment of vulnerability and sexual health.	X	
There is immediate access to emergency contraception, post- exposure prophylaxis (PEP) or other acute, mental health or sexual health services. Follow-up as needed is coordinated through the spokes to local services	X	
Appropriately trained crisis workers to provide immediate support to the victim and significant others where relevant	X	X
Co-ordinated interagency arrangements are in place, including local third sector service organisations supporting victims and survivors.	X	X
Safeguarding boards (for children and adults) through will work with the Commissioning bodies to support the delivering of appropriate care pathways and standards across the service model.	X	X
Minimum dataset and appropriate data collection procedures in each SARC to ensure quality improvement and service user safety (including involvement with audit and risk management)	X	X
Access to support, advocacy and follow up through an independent sexual violence advisor (ISVA) service, to all victims, locally based, including support throughout the criminal justice process, should the victim choose that route		X
Access to appropriate therapeutic support for adults and children to support recovery from the trauma and trauma responses, provided by suitably qualified therapeutic professionals e.g. counsellors		X

Attachment 4: Key Principles underpinning service modelling

Childrens services

- National guidance (FFLM/ Royal College of Paediatric and Child Health (RCPCH) 2015) recommends that the service for the clinical evaluation of children will ideally see children up to the age of 18, but definitely up to their 16th birthday.
- Assessments for children must be undertaken by a qualified medical practitioner with appropriate competences (FFLM/ RCPCH 2012). Where one doctor does not have all the competences for an acute presentation, joint assessment with a paediatrician and forensic examiner is required.
- Paediatricians need to undertake a minimum of 20 forensic examinations per year, in order to maintain their skills. Consideration needs to be given as to how competencies can be maintained due to low numbers e.g. peer review.

Adult services

The option appraisal workshop in 2015, which looked at the service model for adults appraised options based on the following benefit criteria: safety and quality, sustainability and future proofing, access, equity, achievability, acceptability. The principles of this criteria have been considered when making the final recommendation for adult services,

Each SARC hub needs to:

- Be clinically safe and sustainable.
- Have clear clinical governance structures in place and lines of accountability
- Meet the service specification for a Hub
- Meet national guidance and standards associated with providing a SARC hub.

In addition to the above, each SARC spoke needs to:

- Meet the service specification for a spoke.

FME services

- Clinically safe and sustainable
- Forensic nurses are not able to examine children on their own
- FME practitioners cannot be directly employed by health, SLA will be required with police
- Any private contract arrangements will need to require the provider to identify a specific rota for FME SARC services.
- FME practitioners are able to prescribe Emergency Contraception (EC), human immunodeficiency virus (HIV), postexposure prophylaxis (PEP) etc on site (this excludes follow up treatment at present)
- Clear clinical governance structure in place

Each FME service must meet:

- service specification
- FFLM national guidance on training and supervision and provide evidence of doing so
- Minimum caseload requirements - FFLM recommends 20 cases per year
- European working time directive (EWTD) rota compliance minimum 1:6 non resident on call

Attachment 5: Baseline data set (2017/18) to underpin planning process

Table 1. Total number of cases and demographics

Age	<16	16-17	18+	total
No. individuals attending SARC	**440**	**170**	**1484**	**2094**

Table 2. Total number of cases and demographics

Age	<16	16-17	18+	total
Male	57	9	205	**271**
Female	382	160	1275	**1817**
Trans	1	1	4	**6**
Other	0	0	0	**0**
Prefer not to say	0	0	0	**0**
Total	**440**	**170**	**1484**	**2094**

Table 3. Assault type

Age	<16	16-17	18+	total
Acute	130	51	472	**653**
Non acute	210	76	338	**624**
Historic	100	43	672	**817**
total	**440**	**170**	**1484**	**2094**

Table 4. Breakdown by area of residency by health board *

	Health Bord	<16	16-17	18+	total
Area of residency by health board	Abertawe Bro Morgannwg UHB	106	40	236	**382**
	Aneurin Bevan UHB	70	30	354	**454**
	C&V UHB	120	32	424	**576**
	Cwm Taf UHB	60	36	172	**268**
	Hywel Dda UHB	53	21	187	**261**
	Powys HB	27	10	78	**115**
	other	4	1	33	**38**
Total		**440**	**170**	**1484**	**2094**

Table 5. Breakdown by area incident took place by police force

	Police Force	<16	16-17	18+	total
area incident took place:	Gwent police	69	32	317	**418**
	South Wales Police	282	104	825	**1211**
	Dyfed Powys Police	79	29	242	**350**
	other	10	5	100	**124**
total		**203**	**170**	**1484**	**2094**

Table 6. Acute Forensic medical examination undertaken

		<16	16-17	18+	total
forensic medical examination undertaken:	Yes	77	34	272	383
	No	240	101	1116	1457
	declined	114	35	15	164
	other	9	0	28	37
	unknown			53	53
Total		**440**	**170**	**1484**	**2094**

Table 7. Acute Forensic medical examinations undertaken by region by SARC

Region	SARC	<16*	16 - 17	18+	total
Mid and West Wales	Aberystwyth	0	1	12	13
	Newtown	2	0	11	13
	Carmarthen	3	6	24	33
	total	**5**	**7**	**47**	**59**
South West Wales	Swansea	5	7	46	71
	Sapphire Suite, Singleton Hospital	18	0	0	18
	total	**23**	**7**	**46**	**89**
South East Wales	Ynys Saff Cardiff,	33	5	81	119
	Risca	11	6	61	78
	Merthyr	5	9	37	51
	total	**49**	**20**	**179**	**248**
	Grand total	**77**	**34**	**272**	383

*Data is based on flows as health boards prior to new boundaries coming into place 1st April 2019. Prior to this date Bridgend residents flow to Ynys Saff SARC CandV UHB. There is no change intended to this flow at present. However, this activity will need to be acknowledged under Cwm Taf Morgannwg UHB post 1st April 2019 rather than Swansea Bay UHB (formerly ABM UHB).

**It is assumed that figures for SARCs other than Ynys Saff relate to children 14-16 as current model of care enables children >14 to have a forensic examination at a local SARC. Under the preferred model all children up until the age of 16 will be seen at a paediatric SARC hub.

NB: minimum caseload requirements are 20 cases per annum for a forensic examiner.

Attachment 6a: Indicative travel times; theaa.com

	Aberystwyth	Brecon	Cardiff	Carmarthen	Colwyn Bay	Fishguard	Haverford West	Llandrindod Wells	Merthyr	Machynllaeth	Newtown	Pembroke Dock	Risca	Swansea	Welshpool
Aberystwyth	0	1h 43	2h 33	1hr 20	2hr 19	1hr 28	1hr 43	1hr 08	2hr	32min	1hr 08	1hr 57	2hr 32	1hr 55	1hr 26
Brecon	1hr 43	0	1h 02	1h 13	4h 59	2h 08	1h 51	43min	30 min	1h 41	1hr 23	1hr 51	59min	1hr 04	1hr 40
Cardiff	2hr 33	1h 02	0	1hr 17	4hr 01	2hr 11	1hr 54	1hr 37	35min	2hr 34	2hr 16	1hr 50	25min	56min	2hr 34
Carmarthen	1hr 20	1h 13	1hr 17	0	3hr 35	59min	41min	1hr 22	1hr	1hr 48	1hr 59	41min	1hr 22	40min	2hr 16
Colwyn Bay	2hr 19	4h 59	4hr 01	3hr 35	0	3hr 42	3hr 56	2hr 30	3hr 36	1hr 47	1hr 54	4hr 11	3hr 53	4hr	1hr 35
Fishguard	1hr 38	2h 08	2hr 11	59min	3hr 42	0	25min	2hr 57	1hr 53	1hr 55	2hr 29	40min	2hr 14	1hr 32	2hr 47
Haverford West	1hr 43	1h 51	1hr 54	41min	3hr 56	25min	0	2hr	1hr 38	2hr 09	2hr 37	20min	2hr	1hr 18	2hr 55
Llandrindod Wells	1hr 08	43min	1hr 37	1hr 22	2hr 30	2hr 57	2hr	0	1hr 05	1hr 07	39min	2hr	1hr 33	1hr 41	57min
Merthyr	2hr	30 min	35min	1hr	3hr 36	1hr 53	1hr 38	1hr 05	0	2hr 02	1hr 44	1hr 34	36min	43min	2hr 02
Machynllaeth	32min	1h 41	2hr 34	1hr 48	1hr 47	1hr 55	2hr 09	1hr 07	2hr 02	0	45min	2hr 20	2hr 31	2hr 22	55min
Newtown	1hr 8	1hr 23	2hr 16	1hr 59	1hr 54	2hr 29	2hr 37	39min	1hr 44	45min	0	2hr 33	2hr 12	2hr 20	21min
Pembroke Dock	1hr 57	1hr 51	1hr 50	41min	4hr 11	40min	20min	2hr	1hr 34	2hr 20	2hr 33	0	2hr	1hr 18	2hr 54
Risca	2hr 32	59min	25min	1hr 22	3hr 53	2hr 14	2hr	1hr 33	36min	2hr 31	2hr 12	2hr	0	1hr 02	2hr 31
Swansea	1hr 55	1hr 04	56min	40min	4hr	1hr 32	1hr 18	1hr 41	43min	2hr 22	2hr 20	1hr 18	1hr 02	0	2hr 35
Welshpool	1hr 26	1hr 40	2hr 34	2hr 16	1hr 35	2hr 47	2hr 55	57min	2hr 02	55min	21min	2hr 54	2hr 31	2hr 35	0

Proposed pathways for Childrens Services - In-hours		
Paediatric Hub Cardiff	**Paediatric Hub Swansea**	**North Wales SARC**
Cardiff	Swansea	Machynllaeth
Merthyr	Aberystywth	Newtown
Risca	Carmarthen	Welsh Pool
Brecon	Fishguard	
Llandrinod Wells	Haverfordwest	
	Llandrindod Wells	
	Pembroke Dock	

Proposed Pathways for Adult services		
Cardiff SARC Hub	**Swansea SARC Hub**	**Aberystyth SARC Hub**
Cardiff	Swansea	Aberystwyth
Merthyr	Carmarthen	Fishguard
Risca	Fishguard	Llandrindod Well
Brecon	Haverfordwest	Machynllaeth
	Haverfordwest	Newtown
	Pembroke Dock	Welsh Pool

Proposed pathways based on indicative travel times

SEXUAL ASSAULT SERVICES PROJECT, SOUTH, MID AND WEST WALES - Phase 2
EQUALITY IMPACT ASSESSMENT EVIDENCE DOCUMENT
March 2018

About this document

This technical document has been produced to provide background evidence to support information provided within proposal for the reconfiguration of regional sexual assault services referral centre (SARC) model across South, Mid and West Wales.

This document is meant as a reference guide, it does not provide exhaustive detail. It aims to provide an overview of how the proposals for reconfiguration of SARC services may affect different groups within our population. It is a living document and will be added to by information gathered through all stages up to and including delivery of services where actual impact will be monitored.

This document builds on the initial EIA developed in Phase 1 of the Project, which includes evidence collected through engagement with clients of the SARCs, carers, equality groups and stakeholders

1. Background

In 2013, Welsh Government commissioned a review to examine the extent to which the SARCS fulfilled the requirements of Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services. The findings from the review formed the case for change for a multi-agency review of sexual assault services across mid, south and west Wales, led by the NHS Wales Health Collaborative (phase 1) - a Project Board was established comprising representatives from health, the police force and the third sector, to oversee the development of a service model.

In Phase 1, the SARC project developed a 'hub and spoke' service model, based on national guidance. This resulted in a model with three hubs (Cardiff Swansea, Carmarthen) and four spokes (Merthyr Tydfil, Risca, Aberystywth and Newtown) – towns where SARCs already existed.. The decision on a hub and spoke model and the number of hubs in the region made following an extensive option appraisal process, where consideration was given to safety and quality, sustainability and future proofing (including the ability to meet critical mass and minimum caseload requirements), access, equity, achievability and acceptability.

This model was agreed in principle subject to a further review following concerns raised by Dyfed Powys Police regarding access to forensic services for the population in the north of their region. In June 2018, Phase 2 of the SARC project was established. A commitment was given by the Project

Board to review the proposed service models, costs and activity as well as the provision of FME services across the region (Phase 1 assumed the status quo remained).

2. Case for Change

Sexual assault referral centres (SARCs) were created in 2007/08 through a Home Office funded initiative to improve the public service response to victims of rape and sexual abuse. There is a wide range of publications setting out legislation, standards and guidance which is relevant to the development of a holistic sexual assault service.

Within Wales, in 2010, Welsh Government published service specifications, developed by Public Health Wales, for services for adults and children who have or may have been sexually abused. In 2013, Welsh Government commissioned a review to examine the extent to which SARCs fulfil the requirements of the Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services.

The Wales Sexual Assault Referral Centre Review 2013 found that:

- The service provided to services users across Wales is inconsistent due to varying resources and service provision
- The national service guidelines, issued by Public Health Wales, state that "SARCs should be accessible to victims of recent rape or serious sexual assault" but there was also a view from frontline staff that the provision should be available to all victims (historic, acute, serious and less-serious assaults)
- Provision for child victims is inconsistent with variations in access to forensic medical examiners (FMEs) and paediatricians
- Preventative and education work is dependent on the commitment of staff over and above their case load
- There is good evidence of benefits to the criminal justice process but no evaluation of benefits to health services of the SARC provision
- The identified cost of the SARC service is supplemented by ad hoc funding from public agencies and services provided in kind (e.g. estate, equipment)
- There are inefficiencies in the processes relating to interdependencies with follow on services which are navigated by independent sexual violence advocates (ISVAs) on behalf of clients
- Demand is highly likely to increase over and above the increase experienced since the introduction of SARCs in Wales
- Regional centres were recommended in the Public Health Wales' service specifications, which is supported by the numbers of forensic examinations required

The 2013 review highlighted the lack of sustainable funding as an issue affecting:

- Impact on range of services available
- Retention of staff
- Efforts to raise funding (some funding streams are not available to all agencies)
- Capacity and capability to raise funds exists in all lead agencies

- Fairness of funding provision
- Reliance on shortfalls in funding being covered by police, Welsh Government and lead health boards on an ad hoc basis

'An Overview of Sexual Offending in England and Wales' published in January 2013 suggested that 15% of adult victims of serious sexual offences report the incident to the police which indicates potential additional demand for services. There is no comparable data for child victims.

2.1 The SARC Project and the service model

The overarching aim of the Project is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

The sexual assault service for South, Mid and West Wales serves the populations of Aneurin Bevan University Health Board (UHB), Abertawe Bro Morgannwg UHB, Cardiff and Vale UHB, Cwm Taf UHB, Hywel Dda UHB and Powys teaching Health Board (THB). This includes the police forces, local authority and third sector partners who serve that population. Close alignment between the NHS, police and third sector is necessary to deliver specialist SARC services that are equitable, meet health needs, support forensic enquiry for any criminal investigation, address safeguarding issues (children and adults), and support the wider recovery and safety needs of victims and families.

North Wales have not been part of the initial service development work, but it is recognised that there are significant benefits from working across Wales and there should be a move to developing an All Wales networked service.

The service model addresses the needs of men, women and children of all age groups, but differentiates between children less than 16 years of age, those aged 16 to 17 years of age and adults (18+ years of age). It has be driven by the needs of the victims and provides assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model, has considered the acute phase (delivered by Sexual Assault Referral Centres (SARCs) and follow up (sexual assault services), as defined in the initial phase of the SARC project.

Options for the future configuration of SARCs were initially considered in Phase 1 of the project and a hub and spoke model was agreed as the preferred solution, with three adult SARC hubs and two paediatric SARC hubs supported by spokes, being the preferred configuration.

The definition of a SARC hub and SARC spoke as agreed through the SARC project is as follows:

SARC Hub: 'A dedicated facility to provide immediate client care within the context of a partnership arrangement between police, health and the third sector. This should include an acute forensic examination with referral pathways in place to local services to support follow up care'.

In addition, the Hub should provide an acute health needs assessment which includes emergency contraception (including emergency IUD fitting) and STI risk including HIV and Hepatitis B with management and the provision of medication at first attendance where indicated. Emergency referral for other health needs can be initiated (mental health, accident and emergency) as well as social services referrals.

SARC Spoke: 'A dedicated facility to provide immediate and on-going client care within the context of a partnership arrangement between police, health and the third sector but does not provide forensic medical examinations'. The spoke should also provide support for victims engaged in criminal justice proceedings. A hub would also house a spoke facility for the local community

2.2 Impact on Workforce

Proposals to reconfigure SARCs may affect staff as the final configuration may require staff to have to travel to new workplaces and work more flexibly across health board, police and local authority boundaries. Consideration will also need to be given to the potential impact on workforce associated with an open and transparent procurement process for both the overarching SARC services and the forensic medical examination services.

Appropriate advice will need to be sought from specialists where necessary including, legal, Human Resources, trade unions etc. to achieve an effective transition to any new arrangements. Individual organisations will be responsible for engaging with staff on proposals and agency specific policies. A partnership approach with trade union colleagues will be ensured

3. Equality and Human Rights

Under the Equality Act 2010 there is a legal duty to pay due regard to duties to eliminate discrimination, advance equality and foster good relations between those who share protected characteristics and those who do not. This means the needs of people from different groups must be considered and reasonable and proportionate steps wherever possible to eliminate or mitigate any identified potential or actual negative impact or disadvantag
e. The Equality Act 2010 gives people protection from discrimination in relation to the following "protected characteristics"[1]

- Age
- Disability

[1] Race; Sex; Gender Reassignment; Disability; Religion; belief/non belief; Sexual orientation; Age; Pregnancy and Maternity; and Marriage and Civil Partnerships: Equality Act 2010

- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

The Human Rights Act 1998 also places a positive duty to promote and protect rights for all. In Wales, we also have a responsibility to comply with the Welsh Language (Wales) Measure 2011 and All Wales Sensory Loss Standards for Accessible Communication and Information for People with Sensory Loss. We will take all our legal duties into consideration when we make decisions around reconfiguration of sexual assault service across the region.

This document is not intended to be a definitive statement of the potential impact of reconfiguration of sexual assault services and SARCs on protected characteristic groups. The document's purpose is to describe our understanding at this point in the EIA process of the likely impact of the service proposals and to take this into account in making recommendations and decision-making.

4. Equality Impact Assessment

EIA is an ongoing process running throughout the course of the decision making process, from the start through to implementation and review. It requires us to consider how the proposed reconfiguration of SARC services may affect a range of people in different ways. The EIA will help answer the following questions:

- Do different groups have different needs, experiences, issues and priorities in relation to the proposed service changes?
- Is there potential, or evidence that the proposed changes will promote equality?
- Is there potential for, or evidence that the proposed changes will affect different groups differently? Is there evidence of negative impact on any groups of people?
- If there is evidence of negative impact, what alternatives are available? What changes are possible?
- How will we monitor impact in the future?

Looking at a range of national research evidence and engagement with key stakeholders has helped us to consider the potential impact. In particular, we are aware that many people who share certain protected characteristics such as disability, older age, younger people and some minority ethnic groups also face social and or economic disadvantage.

While socio-economic status is not a protected characteristic under the Equality Act 2010, there is a strong correlation between the protected characteristics and low socio-economic status, demonstrated by the findings of numerous research studies.

The report Transport and Social Exclusion: Making the Connections (Social Exclusion Unit, 2003) highlighted the current challenges faced by socially excluded groups in accessing health and other services. They found people who are socially excluded are more likely to experience a number of factors that in themselves have a negative impact on gaining access to health services. These may include low income, disability and age, coupled with poor transport provision or services sited in inaccessible locations. It also found that the location of health services and the provision of transport to health services can reinforce social exclusion and disproportionately affect already excluded groups.

Looking at socio-economic disadvantage goes some way to showing due regard to equality considerations. There will also be other distinct areas that are not driven by socio-economic factors but which relate directly to people with different protected characteristics.

A literature review was carried out as a first stage of gathering evidence to inform the EIA, which identified potential impacts of the proposal on protected characteristic groups. During Phase1 of the Project, there was also formal engagement with stakeholders to develop the service model. The outcome of this work is available in a separate report.

There was general acknowledgement of the case for change and the feedback gathered fell within a number of key themes:

- Structure / continuity of care - general support for a hub and spoke model but there must be clear and effective working relationships between the hubs and spokes and support groups to ensure continuity of care
- Service model – importance of self-referral and holistic provision
- Information / communication – need for improved communication and information mechanisms for survivors which will improve service awareness and trust
- Funding – needs sustainable funding and development should not damage funding opportunities
- Access to support services – the requirement for support through independent sexual violence advisors (ISVAs) and counsellors, and referral on to continuing support services, was strongly emphasised
- Access - timeliness of access to the right person and the need for trust in the service
- Workforce – capacity to meet the needs of each victim, support for staff and taking opportunities to improve joint working across related services, e.g. sexual assault and domestic violence

United Nations Convention on the Rights of the Child

Children under the age of 18 are protected by the United Nations Convention on the Rights of the Child (UNRNC). Providers have a duty to protect, promote and fulfil the rights of the child. The UNRNC should be considered in conjunction with the Human Rights Act and the duty to promote fairness, respect, equality, dignity and autonomy. Due regard must be given to the specific needs of a person of his/her age, and in particular the right to maintain contact with family members. The convention recognises that children themselves, not adults, are entitled to be involved in decisions that affect them.

4.1 Potential impact on protected characteristic groups

This section of the document, recognises the potential impact on protected characteristic groups as identified in Phase 1 of the Project and incorporates the views collected through engagement with clients of the SARCs, carers, equality groups and stakeholders.

4.1.1. Gender

There is evidence from the Crime Survey for England and Wales (CSEW 2013/14) and research papers to show that women and girls are at greater risk than men in terms of sexual assault and are more likely than men to have experienced intimate violence[2] across all headline types of abuse. The 2013/14 CSEW report found that overall 19.9% of women and 3.6% of men having experienced sexual assault (including attempts) since the age of 16.

Though women make up the larger portion of sexual violence, the Report of the Independent Review into the Investigation and Prosecution of Rape in London, 2015, (Angiolini)[3] suggests that men feel a sense of isolation in being able to report such crimes, due to the emphasis placed on "violence against women and girls." There may be some hesitation from men in accessing services which are traditionally focused towards women and girls, and therefore put men who have been victims of sexual violence at a disadvantage in access to SARCs.

4.1.2 Age

Age is a risk factor for sexual assault. The CSEW found that, among both men and women, the prevalence of intimate violence was higher for younger age groups. Young women were more likely to be victims of any sexual abuse in the last year; 6.7% of women aged between 16 and 19 compared with all older age groups (for example, 2.0% of women aged between 25 and 34). In considering children, more than one third of all rapes recorded by the police are committed against children under 16 years of age[4].

Potential impact: Young people may have different needs and will require a joint assessment with a paediatrician and forensic examiner. When treating children, the service model will additionally follow the standards and criteria outlined for children's services[5].

[2] Intimate violence is the collective tem used by the CSEW to describe domestic abuse, sexual assault and stalking
[3] Report of the Independent Review into the Investigation and Prosecution of Rape in London (2015) Angiolini
[4] Crime in England and Wales 2005/06 Home Office Statistical Bulletin (via Call to End Violence Against Women and Girls Equality Impact Assessment (March 2011) HM Government)
[5] http://www.england.nhs.uk/wp-content/uploads/2014/04/d15-major-trauma-0414.pdf).

There is a need to consider further the transitional needs of young adults aged between 16 and 18 to ensure that they receive appropriate care, an age-appropriate setting. Whilst they will be treated as adults for examination purposes, legally they are still considered children and it is important to ensure that their holistic needs are considered within this context.

4.1.3. Race

Ethnicity can increase vulnerability due to the isolated nature of some communities, cultural expectations and issues such as lack of appropriate interpretation facilities.
Women and girls from a black, minority-ethnic (BME) background may find it more difficult to leave an abusive situation due to cultural beliefs or a lack of appropriate services. Forced marriages, Female Genital Mutilation (FGM) (see detail under 'gender' on previous page) and so called 'honour'-based violence are more likely to be prevalent in (although not limited to) certain communities, although the data on these crimes is limited[6].

Research found around BME women's experience of sexual violence services is not tailored well to the needs of the communities, and should be thought about locally and to specifically develop practice which meets the needs of BME women and girls (Between the Lines, 2015, Thiara, Roy and Ng[7]). This research further suggests a number of gaps existing within service responses to BME women experiencing sexual violence, suggesting engagement with these communities in the delivery of SARC services. The research itself identified the current engagement with BME women as generally inaccessible, making it even more difficult for BME women to access services and disclose pertinent information in an already difficult and complex situation. Services should not be "one size fits all," but meet the needs of the locally identified groups, in order to ensure SARCs are accessible for the at risk populations in that area.

The Between the Lines (2015) report also addresses the cultural barriers between service professionals and the communities, including; cultural taboos, stigma, and language. It is crucial that those professionals responsible for sexual assault services and the SARCs are appropriately educated on the specific cultural practices or beliefs which may impact on Black and Minority Ethnic (BME) women and girls' access to services, and what may prevent them from accessing such services. The research suggests, although this research is women specific, knowledge gained around the need of culturally sensitive services can be effectively transferred to the larger BME groups.

Potential Impact - there is a need to consider requirements of those clients who may require translation or interpretation services, and access to volunteers or staff who can converse in their first language. Cultural issues are also important to take into account.
There is also a need for support and training for staff in SARCs to develop expertise in responding to the needs of BME community. Overall, it is important that the local community is adequately engaged in order to determine which services and professional practice best suits the needs of the

[6] Call to End Violence Against Women and Girls Equality Impact Assessment (March 2011) HM Government
[7] Between the Lines: Service Responses to Black and Minority Ethnic (BME) Women and Girls Experiencing Sexual Violence, May 2015 by Dr. Ravi K. Thiara, Sumanta Roy and Dr. Patricia Ng

BME women and girls in that area, as needs are diverse and accessible services is of the upmost importance in the safety and lives of those accessing SARCs across South, Mid, and West Wales.

4.1.4. Disability

The Looking into Abuse (2013)[8] report states that sexual abuse is prevalent among people with learning disabilities and that it is commonly linked with other physical and psychological abuse. Disabled women may be around twice as likely to be assaulted or raped, and more than half of all women with a disability may have experienced some of form of domestic violence in their lifetime[9].

Potential impact - people with learning disabilities should have a greater access to safety/abuse awareness courses that are developed specifically to meet their needs. Information and services provided in SARCs needs to be evaluated and made accessible to people with learning disabilities. The report

As well as physical disability, there is a need to consider learning disabilities and mental health. Communication needs in these client groups may be more challenging and care should be adapted accordingly, for example, where there is a need for BSL interpretation services.
There are specific standards under the All Wales Standards for Communication and Information for People with Sensory Loss[10] that apply directly to emergency and unscheduled care (in addition to primary care and other secondary care services) and these outline the staff training requirements, communication systems and equipment and patient needs information which should be provided by health boards. BSL interpreters will be required for the deaf community.

4.1.5. Marriage and civil partnership

The CSEW reported that women who were separated had the highest prevalence of any domestic abuse in the last year (22.1%) compared with all other groups by marital status (such as married (3.7%), cohabiting (8.9%) or divorced (15.5%). Married men experienced less domestic abuse (2.1%) compared with all other groups by marital status except widowed (3.9%, difference not statistically significant).

The pattern was slightly different for sexual assault with single women (4.1%) being more likely to be victims compared with those who were married (1.0%), cohabiting (1.6%), divorced (2.6%) or widowed (0.3%). This is likely to be strongly related to age.

4.1.6. Pregnancy and maternity

Evidence has shown many victims of domestic abuse experience such abuse whilst pregnant. Studies show 30% of domestic violence starts during pregnancy and up to 9% of women are thought to be abused during pregnancy or after giving birth[11].

[8] Looking into Abuse: research by people with learning disabilities, Looking into Abuse Research Team (2013) University of Glamorgan, Rhondda Cynon Taff People First and New Pathways

[9] Hague, G. Thiara, R. K. Magowan, P. (2008) *Disabled Women and Domestic Violence Making the Links* Women's Aid (via Call to End Violence Against Women and Girls Equality Impact Assessment (March 2011) HM Government)

[11] EqIA Part 1 – Gender-based violence, domestic abuse and sexual violence (Wales) Bill (June 2014) Welsh Government

4.1.7. Religion or belief (including lack of belief

Certain types of violence disproportionately impact on women from some communities and these have been noted under 'race'.

Potential impact - staff need to consider and recognise that patients' personal beliefs may lead them to ask for a procedure for mainly religious, cultural or social reasons or refuse treatment that you judge to be of overall benefit to them[12]. There are also many issues in relation to prayer, diet, death and dying rituals that would have to be considered. As previously a comprehensive cultural awareness toolkit is available for this purpose.

4.1.8. Sexual orientation

UK surveys have found that the prevalence of violence in intimate Lesbian, Gay, Bisexual, Transgender (LGBT) relationships usually mirrors that in heterosexual relationships, with approximately one in four to one in three individuals in LGBT relationships experiencing domestic abuse at some point. Men are more likely to report violence than women[13].

Research for the South Wales Police and Crime Commissioner found that the SARCs appeared to be accessible for LGB communities with 7% of adult referrals coming from LGB communities. Research by Angiolini in 2015[14] further suggests that gay men face greater barriers in reporting than their heterosexual counterparts, and that SARCs may not be well enough equipped to address these cases. A specialist LGBT service in London urged that there is a wider recognition and discussion around LGBT reporting and need for a greater understanding around the barriers they face in accessing SARCs.

The Unhealthy Attitudes report by Jones and Somerville[15] provides some clear statistics and information about views and attitudes among health and social care staff which may lead to improper treatment of LGBT people, further emphasizing the need for training on LGBT issues among the workforce. The report states that "Almost three in five (57 per cent) of health and social care practitioners in Wales with direct responsibility for patient care don't consider sexual orientation to be relevant to an individual's health needs." It further reports that "Just one in twenty patient-facing staff said they have received training on the health needs of lesbian, gay and bisexual people or trans people's health needs (both four per cent)."

Potential impact: Professionals and staff should be trained to appropriately meet the needs of LGBT groups, as well as people with other protected characteristics.

*4.1.9. Trans**

Trans* is an umbrella term used to describe the whole range of people whose gender identity/or gender expression differs from the gender assumptions made at birth.

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[12] http://www.gmc-uk.org/guidance/ethical_guidance/21179.asp

[13] EqIA Part 1 – Gender-based violence, domestic abuse and sexual violence (Wales) Bill (June 2014) Welsh Government

[14] Report of the Independent Review into the Investigation and Prosecution of Rape in London (2015) Angiolini

[15] Unhealthy Attitudes: The treatment of LGBT people in health and social care organisations in Wales, Stonewall Cymru, November (2015)

As a group which already experiences disproportionate levels of mental ill-health it is vitally important that matters of sexual assault are handled appropriately as to not cause further avoidable mental health issues.

The Trans Mental Health Study (2012[17]) provided data on participant experiences of sexual violence. 17% of participants reported they had experienced domestic violence as a result of their trans identity, 11% stating they had experienced reoccurring domestic violence. The study also stated that 14% of participants had been sexually assaulted due to their gender identity, and 6% of participants reported being raped as a result of being trans. It was also noted in this study that a large proportion of trans people worry about being sexually assaulted or abused in the future, further impacting on their overall mental health

The 2015 report by Angiolini[16] also suggests that trans individuals face great obstacles in reporting sexual violence, and that services are ill-informed and ill-equipped to understand and handle these crimes. There is a lack of understanding and knowledge around trans issues generally, which transfers into the realm of sexual violence. It is important that these gaps in knowledge are addressed as to allow for proper case handling around sexual violence in the trans community

Potential Impact - In 'It's just Good Care: A guide for health staff caring for people who are Trans' 2015[19] Trans* people must be accommodated in line with their gender expression. This applies to toilet facilities, wards, outpatient departments, accident and emergency or other health and social care facilities, including where these are single sex environments. Different genital or chest appearance is not a bar to this. Privacy is essential to meet the needs of the trans* person and other service users. If there are no cubicles, privacy can usually be achieved with curtaining or screens. The wishes of the trans* person must be taken into account rather than the convenience of nursing staff. An unconscious patient should be treated according to their gender presentation. Absolute dignity must be maintained at all times. It also states that breaching privacy about a person's Gender Recognition Certificate or gender history without their consent could amount to a criminal offence. A medical emergency where consent is not possible may provide an exception to the privacy requirements. All these issues, as well as others, could be mitigated through training.

4.1.10. Welsh Language

Public services have a responsibility to comply with the Welsh Language (Wales) Measure 2011. This has created standards which establish the right for Welsh language speakers to receive services in Welsh. Whilst we recognise that Welsh and English are Wales' official languages, Wales has many different voices. Like two-thirds of the world's population many people in Wales are bilingual or multilingual. This is particularly important in traumatic situations where people are more likely to need to communicate in their first language.

Potential impact - Service users who prefer to communicate in the medium of Welsh may be required to access specialist services which do not have sufficient Welsh speaking staff (this may also be the case for languages other than English). This could affect the service user's ability to

[16] Report of the Independent Review into the Investigation and Prosecution of Rape in London (2015) Angiolini

communicate with service providers in their preferred language. Meeting the information and communication needs of victims who speak Welsh will need to be taken into account.

The importance of bilingual healthcare for all patients in Wales is fundamental and is particularly important for four key groups - people with mental health problems; those with learning disabilities; older people and young children. However it is important to recognise groups of other individuals who have suffered life changing conditions that may benefit from community through the medium of welsh. Research has shown these groups cannot be treated safely and effectively except in their first language (Welsh Language Services in Health, Social Services and Social Care, 2012)[17]. Our consideration of equality takes account of this.

- Training – consistency of training for all staff including in relation to the needs of those with protected characteristics to ensure awareness of and responsiveness to cultural differences
- Children and young people – need to ensure equity of access to sexual assault services and health needs
- Equality impact assessment - must promote equality, ensure services are inclusive and services are known as being inclusive and services must make reasonable adjustments to meet needs of those with protected characteristics, regardless of service structure

4.2 Summary of findings to support Phase 1.

Sexual assault tends to be closely associated with gender and age with women and girls at greater risk of sexual abuse than men. However, victims of sexual abuse can be from across the whole spectrum of society, from all age groups, all ethnicities, religions and beliefs, people with disabilities and people from the LGBT community. The research suggested cultural barriers to accessing services for BME women and girls and, also, barriers for LGBT communities requiring wider recognition and discussion around LGBT reporting. The model and configuration of sexual assault services proposed aims to support anyone affected by sexual abuse.

There is a correlation between the evidence from research and from the feedback from engagement. Whilst some protected groups are more at risk than others, no negative impacts on the protected groups are anticipated from the proposed service development. It is anticipated that the work through the project has served to raise awareness of the needs of protected groups which can be used to inform current services and the proposals for the future configuration. They can also be shared with related policy developments, in particular implementation in Wales of the Violence against Women, Domestic Abuse and Sexual Violence (2015) Act. There was recognition that sexual assault services need to be properly resourced to respond to growing demand and to ensure services across the whole pathway of care can be planned on a sustainable basis. Also, the need for equality training for staff, information and signposting, was frequently highlighted through the engagement process.

The service proposals do not introduce any additional obstacles; improving standardisation for access and specialist treatment should improve outcomes across all social groups.

[17] More than just words: Strategic Framework for Welsh Language Services in Health, Social Services and Social care (2012)

The impact on protected groups will continue to be assessed following decision making and through implementation, and continuing engagement to identify any negative effects that may arise and associated mitigation measures.

5. Phase 2. Implementation Planning Phase 2018-2019

In June 2017, Phase 2 of the SARC project was established. A commitment was given by the Project Board to review the proposed service model taking into consideration the impact on the population, whilst also considering work previously undertaken in phase 1, which included the EIA.

Phase 2 reviewed the model, activity, service specification, victim and family needs, expected standards of care including clinical governance and associated costs. The Project recognized the challenges associated with the geography of Dyfed Powys and the necessity for a model reflective of the needs of the local population. It also acknowledged that, due to the small number of cases in the region, it would be difficult forthree SARC Hubs to develop a critical mass required to support the workforce in retaining their knowledge, skills and competencies necessary to maintain safe standards of care. Therefore, after extensive discussion and review of the supporting information, a revised service model has been agreed. The revised model supports the principles in Phase 1 - a single SARC hub for the Dyfed Powys region, supported by two spokes. However, it is proposed the SARC Hub is located in Aberystywth, with two additional spokes in Newtown and Carmarthen.

As a result, in the revised model access to forensic services in the north of the region would be retained including clients from the Powys area. Clients in the south of the region, would access forensic services from the SARC hub in Swansea.

For some of the population in the Dyfed Powys region, the transfer of forensic services from Newtown to Aberystwyth, may result in an increased journey if a forensic examination is required. However, travel times have been evaluated and would be maintained within a 2-hour timeframe for most residents in the north Dyfed-Powys region. Similarly, for individuals in the south of Dyfed Powys who would be travelling to Swansea for a forensic examination, travel time would be maintained within a two hour time frame, as far as possible, with the advantage of having more robust transport infrastructure. To address travel around the region, appropriate arrangements will need to be made, in conjunction with the local police force, to support the client to attend the SARC Hub where necessary. . Follow up therapeutic support would continue to be provided from the spoke services within Newtown SARC and Carmarthen SARC, and Aberystywth, which will also act as a spoke. Any follow-up required with regard to sexual health will be managed by pathways to one of the eight Sexual and Reproductive Health clinics within HDUHB and close to the clients home.

Stakeholders from Dyfed-Powys Police and HDUHB feel that this model provides equitable, safe and sustainable services to their clients and will future proof care in an unpredictable financial climate.

The benefits for an individual living in the north of the Dyfed-Powys region with the placement of the Hub in Aberystwyth, include:

- minimal travel time for the population compared to the model in Phase 1 where forensic examinations would be provided from Carmarthen for the whole of the region;
- The service will be holistic, providing a more complete forensic examination with health assessment to be undertaken in line with FFLM guidance and best practice standards;
- The service will have better links with local services such as sexual health and third sector.
- The service will be more likely to attract the specialist workforce required to run a safe and sustainable service.
- A critical mass of individuals will create more opportunities for the workforce to develop and retain necessary skills and competencies
- Greater opportunity for integration between sectors, including health, resulting in a more seamless service for the individual

The recommendation for the SARC adult hub in Dyfed Powys being in Aberystywth, supports the development of an overarching strategic picture of sexual assault referral centers across Wales with proposed SARC Hubs located in Colwyn Bay, Cardiff, Swansea and Aberystywth, supported by more local SARC spokes.

6. Next Steps

The needs of protected groups will continue to be an ongoing consideration during the implementation phase of the project and Health boards, Police and third sector will need to ensure that stakeholders are engaged throughout, venues are accessible and information is provided in a variety of required alternative formats in order to maximise opportunities for participation wherever required.

Attachment 8: GLOSSARY

ABM	Abertawe Bro Morgannwg
BME	Black and Minority Ethnic
C&V	Cardiff and Vale
CSEW	Crime Survey for England and Wales
EC	Emergency Contraception
EIA	Equality Impact Assessment
EWTD	European Working Time Directive
FFLM	Faculty of Forensic & Legal Medicine
FGM	Female Genital Mutilation
FME	Forensic Medical Examiner
HIV	human immunodeficiency virus
ISVA	Independent Sexual Violence Advisor
IUD	Intrauterine Device
LGBT	Lesbian, Gay, Bisexual, Transgender
NHS	National Health Services
PCC	Police and Crime Commissioners
PEP	post-exposure prophylaxis
SARC	Sexual Assault Referral Centre
STI	Sexually transmitted infection
THB	Teaching Health Board
UHB	University Health Board
VAWDASA	Violence Against Women Domestic Abuse Sexual Assault
WHSSC	Welsh Health Specialist Services Committee