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Welsh Sexual Assault
Services (WSAS)

SARC South Wales Regional Model Implementation Briefing Paper

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Purpose and Summary of Document:

This paper is to provide an update on the implementation of the South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme following the Business Case approval in 2019 and a request to give final approval for Phase one implementation of the Programme.

This will enable the acute hubs to be implemented and the transfer of all acute examinations to Cardiff, Swansea and Aberystwyth in order to meet the ISO accreditation deadline of October 2023.

The funding for the SARC Regional Model has been presented to the Collaborative Leadership forum in December 2022 and the Programme has been included in the NCCU plan through the WHSSC /EASC planning process.

The ask of the Joint Committee is to give final sign off for 50% of the funding for Sexual Assault Services with the other 50% of the funding being provided by the Police Forces and OPCCs in Gwent, South Wales and Dyfed Powys.

Situation

Following a review of Sexual Assault Referral Centres (SARC) across Wales, a new model for the delivery of these services across South Wales was considered and approved by the SARC Project Board on 1 August 2019 (**Appendix 1**). This report was then considered and approved by internal governance structures of the Health Boards, Police and OPCCs through the month of September 2019.

The model agreed for delivering Sexual Assault Services across South Wales consists of three adult SARC hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs, one in Cardiff and the other in Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes located in Risca, Merthyr Tydfil, Newtown and Carmarthen. There was also a commitment to developing an NHS led forensic medical service and establishing an All-Wales Sexual Assault Service Network and commissioning framework.

It was agreed that the proposed model will be staged across three phases.

Phase 1

The implementation of the three adult SARC hubs in Cardiff, Swansea and Aberystwyth, and two paediatric SARC hubs in Cardiff and Swansea. The total costs of phase 1 will be split 50/50 between Health and Policing and has to be implemented by October 2023 in line with ISO accreditation timescales.

Phase 2

The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes located in Risca, Merthyr Tydfil, Newtown and Carmarthen. There are elements of the spoke model which are currently subject to review.

- **Counselling**

A review will be commissioned into counselling services for victims by the regional programme with a target date of January 2024 for a service model paper to be submitted to the WSAS Programme Board. It is proposed that this would be funded by Health.

- **Crisis workers**

The model for crisis workers is being reviewed by the programme and this includes hours worked and pay grades, due to the spoke crisis workers no longer providing the acute examination support for victims. It is recommended that the current provision remains in place whilst the review is conducted.

- **ISVAs**

The ISVA service is currently funded entirely by MOJ funding streams. The review has identified the need for increased provision and standards to meet the increased demand which will inevitably lead to an additional funding requirement. OPCCs are planning on going out to tender for a provider for the new ISVA service model in September 2023, with a view of it starting April 2024.

Phase 3

The FME Service is two phases, the first is to rationalise the FME provider for the South Wales service and the second is for Health to provide the service. This element is complex due to the devolved legislation and there is currently legal and Welsh Government advice being sought.

In order to implement phase one of the model and to meet the ISO accreditation standards, there has been a new service model agreed that has been phased over a 3-year period and that identifies the uplift from the reported current baseline for Health's 50% of the total cost (full detail is contained in **Appendix 2**).

Table One: Health phase one totals and uplift from baseline

Year	Health 50% funding £000's	Uplift from baseline (£000)
2023-24	1,149	347
2024-25	1,274	124
2025-26	1,308	35

It is anticipated that there will be elements of the model that will be provided by Health and elements that will be provided by independent/third sector providers, the phase one model has however been costed based on NHS pay scales. It should be noted that the composition of the funding contained within the baseline payment is not known. There are currently services contained within phases 2 and 3 which are additional and still need to be paid directly to providers until these costs and splits are agreed.

Background

SARCs perform a vital role for victims of rape and sexual abuse, they provide acute medical examinations, therapeutic support, gathering of forensic evidence and independent advocacy that supports victims through their journey of recovery.

Following a review conducted by Welsh Government in 2013, the current model for SARC services was recognised as inadequate for delivering the standards of medical care and therapeutic support needed to empower survivors of serious sexual abuse to both go through the criminal justice system and to recover from their trauma. This was the basis on which the South Wales SARC Regionalisation Programme was formed in 2013 and the new Health Led collaborative model being agreed in 2019. This agreement included a financial model which would see a 50/50 split between Health and Police for the funding for SARCs.

In 2020 the programme governance paused due to the COVID-19 pandemic, which delayed the implementation of the operational model. During this time the significance of ISO accreditation requirements became apparent with the risk of failing to meet the October 2023 deadline being that evidence gathered from victims will come from unaccredited SARCs and potentially be inadmissible in court. This could jeopardise victims' chances of a successful legal outcome. This specifically relates to the Phase 1 (Acute) Forensic and Medical examination.

Assessment

The financial modelling for the SARCs is 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 following principles underpin the finance modelling work:

- The model has been agreed collaboratively and will be a 50/50 split between health and police for Phase one
- The provision will be recharged based on the actual cost of the service and will be reviewed on an annual basis

- The funding for Phase two services will remain at the same level until the spoke model is agreed; this will be brought to respective Boards by December 2023
- The totality of the criminal justice ISVA costs will be met by policing colleagues from April 2024
- The counselling costs require further discussion, with a proposal that the current ISVA funding by health is repurposed to fund the counselling services currently funded through the Police.
- The crisis worker costs for the spokes would be split 50/50 between Health and Police
- Finance, Human Resources, Procurement and other corporate functions have been excluded and assumed to be absorbed within each organisation.
- The costs are based on Health pay scales, therefore some of the costs may be subject to change when services are openly procured

Finance

The table below shows the implementation of the programme over a three-year period with the declared baseline positions of the Health Boards (see Appendix 2 for full modelling). The Health Boards' 50% contribution to phase one of this model is an uplift of **£347k** in year one and **£506k** over the 3 years to the full implementation. The required funding contribution has been included in the NCCU plan through the WHSSC /EASC planning process. The 50% Police funding already having been agreed through their internal governance processes.

Table 2: The Health Board funding Splits and baseline expenditure

Commissioner Revenue Funding Model	HB Commissioner Split						
	AB UHB	C&V UHB	CTM UHB	HD UHB	Powys HB	SB UHB	Total HB
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Model Phasing 2023/24 - Year 1	278	233	210	184	60	184	1,149
Model Phasing 2024/25 - Year 2	308	259	233	204	66	204	1,274
Model Phasing 2025/26 - Year 3	317	266	239	209	68	209	1,308
Current Baseline Commissioned Expenditure in 2022/23	140	273	98	70	52	169	802
Uplift Required in 2023/24	138	(40)	112	113	7	15	347
Incremental Uplift Required in 2024/25	30	25	23	20	6	20	124
Incremental Uplift Required in 2025/26	8	7	6	6	2	6	35
Recurrent Commissioner Revenue Funding from 2025/26	317	266	239	209	68	209	1,308
Total uplift required over 3 years 2023/24 - 2025/26	177	- 7	141	139	16	41	506

Capital Investment

Welsh Government Health Capital has agreed to fund the development of the new SARC buildings entirely and have funded most of the work required to develop the current estate to ISO accreditation standards. The investment to date includes:

- £538k in developing the current Cardiff and Bow Street SARCs to ISO accreditation standards and the building work is complete.
- £785k for the Swansea Paediatric SARC

There are also business cases for new purpose built SARCs in Cardiff and Aberystwyth that are being taken through the Health Capital processes in Welsh Government currently.

Strengths and opportunities

The objective of the regional programme is to provide a more integrated service that is driven by the needs of service users and ensures that the services meet the clinical and forensic standards, which will support victims of rape and serious sexual offences. There are some specific benefits to implementing this model.

- **Facilities** - The improved facilities will provide evidence-based environments that are conducive to supporting victims and obtaining forensic evidence to ISO accreditation standards.
- **Paediatric Provision** - Cardiff currently provides the only paediatric provision for acute examinations in the region. This is placing strain on the Cardiff SARC which is having an impact on children and young people in the three police force areas. In addition to this, children from South West Wales are having to travel significant distances to access the service. The regional programme plans to address this position by introducing a new Paediatric SARC in Swansea and increasing the workforce, with ambition to increase the age of children seen to up to 16-years-old instead of the current position of up to 14-years-old. This would bring Wales in line with the services available to young people in England.
- **Future Police and Health Collaboration** - Health and Policing collaborations in Wales have previously been challenging due to devolved legislation. Whilst this has presented challenges for the SARC programme, if this is successfully delivered it will provide the basis on which to collaborate again successfully in the future.

Risks

There is a risk that one or more of the partner agencies will withdraw from the collaboration. This is considered low due to the high importance of the service.

If any of the partners withdrew from the collaboration this will present a number of risks to the way in which SARC services are delivered.

- **ISO accreditation deadline** - The buildings, funding, legal arrangements, and management of the accreditation has been based on the regional model.

- Financial implications of Welsh Government withdrawing their commitment to provide capital funding and of the Police meeting 50% of the cost of SARC services.
- Political risks with Welsh Government and Police due to the investment they have made to develop SARC buildings to ISO accreditation standards.
- Risk to future collaborations between Policing and Health.
- Delay in funding decision will delay moving victims to ISO accredited facilities and potentially be detrimental to the outcome of legal proceedings.

When assessing the economic benefits of the regional SARC model, it is important to reflect that the programme started because of a shared recognition that the current model of provision is inadequate for meeting victims' needs. Therefore, further investment is required to improve the standards and effectiveness of the service and to meet the increasing demand.

The demand for services is increasing year on year, with a 7% increase in 2022-23 from the previous year. We are still only seeing approximately 10% of the total number of victims of sexual assault per year.

Whilst there will be an increased cost for to provide more effective services the model of collaboration presents economic opportunities and benefits.

The Phase 1 model (and investment) will enable the achievement of ISO accreditation by October 2023, the SARCs are currently on track to be the first accredited in the UK.

Recommendations

The recommendation in the paper is for the Health Boards to sign off the updated model and associated financial envelope for the implementation of **Phase One** of the SARC Regionalisation Programme and to provide a continuation of funding for Phase 2 at the current level. This has already been agreed by the Police forces across South Wales.

The ask of Health Boards is to fund an additional £506k over three years for phase one of the implementation of the SARC model in addition to the £802k that is currently funded.