

# Office of the Police & Crime Commissioner

**REQUEST FOR POLICE & CRIME COMMISSIONER DECISION - (N° 008 / 2020)**

**TITLE: Collaborative procurement of a regional Sexual Assault Referral Centre service**

## **Executive Summary:**

This report outlines details of a future service and funding model for the Sexual Assault Referral Centre (SARC) in Cumbria (The Bridgeway), working in collaboration with Cleveland, Northumbria and Durham OPCCs.

This regional collaboration details services to be delivered from SARCs as part of the integrated response to sexual violence and rape which jointly meet the needs of their local populations. It provides a high quality and cost effective service model which embraces the concept of integrated, specialist clinical / forensic interventions and a range of assessment and support services through defined care pathways.

As part of this agreement, the financial contribution from Cumbria OPCC would remain the same, with additional funding support from the NHS England, NHS Improvement (MHSE & I) to cover paediatric care.

The SARC services in Cumbria would continue to provide a holistic service for victims of all ages, including children and young people, regardless of gender, culture, social or ethnic background. In the North East the service will be provided to people from the age of 16 and over.

This report seeks a decision from the Commissioner about the future funding model of the SARC in Cumbria (from April 2021) which will ensure the current quality of service delivered continues.

The provider is required to deliver the SARC service across the geographical police force areas of Cleveland, Cumbria, Durham and Northumbria in line with this collaboration.

## **Recommendation:**

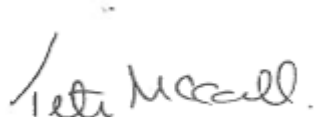
It is recommended that the Commissioner approve the joint commissioning of the SARC services provided in Cumbria from April 2021, alongside NHSE/ I and the Police and Crime Commissioners for Cleveland, Durham and Northumbria.

**Police & Crime Commissioner**

I confirm that I have considered whether or not I have any personal or prejudicial in this matter and take the proposed decision in compliance with the Code of Conduct for Cumbria Police & Crime Commissioner. Any such interests are recorded below.

I hereby approve/~~do not approve~~ the recommendation(s) above

**Police & Crime Commissioner / ~~Chief Executive~~ (delete as appropriate)**



**Signature:**

**Date: 24<sup>th</sup> March 2020**

## **PART 1 – NON CONFIDENTIAL FACTS AND ADVICE TO THE PCC**

### **1. Introduction & Background**

Sexual violence and abuse can cause severe long lasting harm to victims. The effects of sexual violence on victims can include depression, anxiety, post- traumatic stress disorder, drug and substance misuse, self- harm and suicide.

However, when victims receive the support they need, when they need it, they are more likely to take positive steps to recovery. It is important that victims of sexual violence have good access to effective services that meet individual needs, whether or not they wish to report incidents to the police.

One of the key services developed as part of improvements to sexual assault services in the county is the ability to provide medical and forensic examinations in Cumbria. This is a specialist service with a potential high cost per case and a limited number of service providers nationwide.

As part of a national project, Cumbria Constabulary became an early implementer of the transfer of commissioning activity of their custody medical services and sexual offence examinations to NHS England. Transferring the commissioning responsibility to NHS England enables better standards of care and mitigates the risk for both the constabulary and NHS England.

The commissioning approach will be outcome based, to ensure effective delivery and value for money.

The outcome framework significant to SARC victims include:  
Public Health desired outcomes, Children and Young People's Outcomes Framework / NHS Outcomes Framework Domains.

Criminal Justice and PCC Outcomes:

Support to criminal justice outcomes through close working relationships with the Police and Crown Prosecution Service (CPS), achieving a high standard of forensic evidence (retrieval of trace evidence, documentation of injuries, including the absence of injuries), maintaining victim confidence in the criminal Justice system and information sharing.

The victim will be supported through the criminal justice process through co ordinated referrals to Independent Sexual violence Advisors (ISVA)

- Victim services need to evidence that individuals are better able to cope and recover with aspects of every day life following the support they receive.
- Maximising the number of victims who are confident to come forward and seek help. This may be through self-referral, professional referral and /or police referral. This will ensure support is available which will help in reducing long term mental health consequences and increased safeguarding of vulnerable children, young people or adults.
- Consent based, fit for purpose forensic recovery, preservation, reporting of evidence and feedback to victims.

- Delivery of wider victim support through strong system-wide relationships, supporting the national Sexual Assault and Abuse Strategy in delivering robust pathways to support improved well being of victims.

This includes:

- Improved ability of people who have experienced sexual assault or abuse to cope with the aftermath
- Feeling informed about the range of support available and ensuring good quality information
- Easy access to services
- Improved outcomes for the families, through being more able to cope.

## **2. Issues for Consideration**

The SARC will provide a holistic service to ensure that the victims of sexual assault, regardless of gender, culture, social or ethnic background receive timely and appropriate support. The pathway for each individual will commence from the point they are referred or make contact with the service as a self-referral.

Emotional support at the point of crisis will be provided in a safe, secure and confidential environment with access to immediate medical care if required. Victims will have the opportunity to make a formal complaint to police, which may include a forensic medical examination.

The pathways developed will provide the victim with the most appropriate follow on support and smooth referral to an Independent Sexual Violence Advice (ISVA) service (if required). This should be seamless and minimise the number of agencies the victim has contact with and is required to repeat their account to.

There are two distinct services to be delivered under this collaboration across the geographical areas of the North East and Cumbria.

The North East will provide a service for adults and where clinically appropriate young people aged 16-17 years covering Cleveland Police, Durham Constabulary and Northumbria Police.

The Cumbria service will continue to provide a SARC service for people of all ages, including children and young people. The service will cover the whole of Cumbria Constabulary force area.

All SARC services will be delivered in line with national priorities and policies.

For young people, it is critical that sexual abuse is managed as part of their total health and development needs and is integrated with local health care, children services and safeguarding. A report by the National Society for the Prevention of Cruelty to Children in 2011 found the health consequences for sexually abused children and young people can be devastating.

Examinations of under 16s are an integral part of the all age service in Cumbria. These will continue to be offered by clinicians with appropriate training. The service will be

adaptable to changes in national guidance, for example relating to forensic nurses to carry out examinations of children aged 13 and over.

The provider subject of this collaboration will also have a responsibility to deliver a service to victims who are unable to access the SARC i.e. those in detained accommodation, care homes, hospitals and for victims confined to their own homes. Inability to attend a SARC must not preclude an individual's right to a service. Effective pathways and processes must be developed to enable this.

The collaboration will ensure the service provider has a workforce that can be flexible and provide cover to all SARCs to ensure shortfalls in staffing can be addressed. The provider will ensure that staff are able to travel across the geographical area to fulfil the requirements of the service.

The provision must be sufficient and sustainable, using substantive contracts for all key posts required as part of the service model. If a provider wishes to use long term locum staff, this must be agreed with Commissioners in advance. A workforce strategy must be in place which includes contingency planning to ensure safe levels of staff are available to meet the needs of the service.

### **3. Implications**

**(List and include views of all those consulted, whether they agree or disagree and why)**

#### **3.1. Financial:**

#### **3.2. Legal**

The collaboration project has been overseen along the way by Elaine Carver (NHS North of England Commissioning Support)

#### **3.3. Risk**

The risk to the constabulary is less than the current arrangement, given the collaboration of a joint Regional Procurement for SARC services will encompass crisis support, SARC management and forensic examination services under one contract with lead commissioning by the NHSE/. This reduces risk to the constabulary, spreads the management of that risk across four regions and allows for support from three additional areas, should the unexpected occur. A working staff model which covers all regions, allowing for workforce flexibility is provided within the contingency plan. The financial contribution remains the same from the OPCC in Cumbria with additional funding support from the NHSE/I to cover paediatric care.

The contract length will be 4 years to reflect the change in service coverage – moving to a regional model.

The lease arrangements for the SARC (The Bridgeway) will be the responsibility of the service provider while remaining at the same premises which is leased currently from the North Cumbria Integrated Trust.

No actual risk identified at this time. Should any risk be identified the details will be added to the risk register & regularly monitored.

3.4. HR / Equality

The office of the Police and Crime Commissioner is committed to providing the best possible service to our communities, ensuring everyone has fair access to all our services and treating everyone with respect at all times.

3.5. I.T.

There are no IT implications at this time.

3.6. Procurement

Upon agreement of this collaboration by the PCC then the paperwork to support the procurement of a service provider will pass through NHSE local Governance group (LGG) and can then be shared to each OPCC and considered in local governance and ratification with each OPCC and for final presentation to the NHSE Regional Leadership Group.

3.7. Victims

All victims of sexual assault, regardless of gender, culture, social or ethnic background will receive timely and appropriate support. The pathway for each individual will commence from the point at which they are referred, or make contact with the SARC as a self-referral. Emotional support at the point of crisis will be provided in a safe, secure and confidential environment with access to immediate medical care if required.

Victims will have the opportunity to make a formal police report which may include a forensic medical examination.

**4. Backgrounds / supporting papers  
(none attached at this time.)**

(List any relevant business case, EIA, PID, Media Strategy and append to this form; list persons consulted during the preparation of the report)

**Public Access to Information**

Information in this form is subject to the Freedom of Information Act 2000 (FOIA) and other legislation. Part 1 of this form will be made available on the PCC website within 3 working days of approval. Any facts/advice/recommendations that should not be made automatically available on request should not be included in Part 1 but instead on the separate Part 2 form. Deferment is only applicable where release before that date would not compromise the implementation of the decision being approved.

<p>Is the publication of this form to be deferred? NO</p> <p>If yes, for what reason:</p> <p>Until what date (if known):</p>
<p>Is there a <b>Part 2</b> form - yes</p> <p>(If Yes, please ensure Part 2 form is completed prior to submission)</p>

**ORIGINATING OFFICER DECLARATION:**

<p>I confirm that this report has been considered by the Chief Officer Group and that relevant financial, legal and equalities advice has been taken into account in the preparation of this report.</p> <p><b>Signed:</b> .....C J Laverack..... <b>Date:</b> ...18<sup>th</sup> March 2020.....</p>
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**OFFICER APPROVAL**

<p><b>Chief Executive / <del>Deputy Chief Executive</del> (delete as appropriate)</b></p> <p>I have been consulted about the proposal and confirm that financial, legal and equalities advice has been taken into account in the preparation of this report. I am satisfied that this is an appropriate request to be submitted to the Police and Crime Commissioner / Chief Executive (delete as appropriate).</p> <p><b>Signature:</b> V. Stafford <b>Date:</b> 24<sup>th</sup> March 2020</p>
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<p><b>Media Strategy</b></p> <p>The decision taken by the Police &amp; Crime Commissioner may require a press announcement or media strategy.</p>
<p>Will a press release be required following the decision being considered? NO</p> <p>If yes, has a media strategy been formulated? NO</p> <p>Is the media strategy attached? NO</p> <p>What is the proposed date of the press release: Not required at this stage.</p>