

Briefing Paper on the Current and Future Sexual Assault Referral Centre (SARC) provision in Kent.

Background

This Briefing paper provides the latest update on SARC provision in Kent as at 1st June 2013. It should be noted by members that this is a 'fast moving' issue and there may well have been significant developments between the date of this paper and the meeting.

It includes:

- The national standards for a SARC,
- the latest developments from the Police Healthcare Partnership Board,
- the imminent closure of the SARC facility at Darent Valley Hospital,
- the interventions and assistance of the Police and Crime Commissioner's Office,
- the desired long-term position and
- SARC / FME provision proposals in the interim period.

National Standards

The Cross-Government Action Plan on Sexual Violence and Abuse, *Call To End Violence Against Women and Girls* brought together all the work in hand to address all aspects of sexual violence and set out the roles and responsibilities of key agencies, including the NHS. It focused on the further value that Government could add on preventing violence and challenging attitudes and behaviours; providing support for those who have experienced sexual violence; working in partnership with public bodies and community groups; reducing the risk to women and girls and bringing perpetrators to justice. The Plan affirmed the role of SARCs provided locally, in making healthcare, including forensic examination choices and the criminal justice system more accessible to those who have experienced sexual violence. The Home Office supported this in 2010.

What is a SARC

A SARC is a one stop location where female and male victims of rape and serious sexual assault can receive medical care and counselling, and have the opportunity to assist the police investigation, including undergoing a forensic examination.

Most SARCs are joint ventures between the police and Health, with close involvement of the voluntary sector. A SARC can contribute to enhanced investigation and enables health providers and support workers to access victims in an appropriate environment within a supportive framework and rapid response timeframe. Specific benefits exist for the victim, the health service, specialist

women's community based organisations, the voluntary sector and the criminal justice process.

SARCs are an important and effective tool in delivering enhanced victim care to victims of recent rape and serious sexual assault, but they are, of course, not the whole answer – they are not designed to offer long term support and do not normally provide services for victims of historic sexual violence. They must be seen as part of a broader strategy to improve outcomes for all victims of sexual violence, including through strengthening voluntary and community sector service provision, and continuing to improve the way rape cases are investigated and prosecuted.

Features of a SARC

A dedicated, forensically secure facility integrated with hospital services:

- Availability of forensic examination 24 hours a day, within 4 hours in cases of immediate need.
- Facilities for self-referrals, including the opportunity to have a forensic examination and for the results to be stored or to be used anonymously.
- Choice of gender of doctor/forensic medical examiner/appropriately trained Sexual Assault Nurse Examiner.
- All SANEs should be supervised by doctors trained and experienced in sexual assault forensic examination, who can provide interpretation of injuries for criminal justice purposes and ensure the highest standard of forensic examination.
- Crisis workers to support the victim, the examiner and the police prior to, during and immediately after the forensic examination.
- Immediate on-site access to emergency contraception and drugs to prevent sexually transmitted infections including HIV.
- Integral follow-up services including psycho-social support/counselling, sexual health, and support throughout the criminal justice process.
- Infrastructure to ensure ongoing client care, DNA decontamination, staffing, training and maintenance including stocking of medication.

Current Kent Position

There are currently four venues in the County where victims of Rape and Serious Sexual Assault are forensically examined. These are the SARC at Darent Valley Hospital and three Police Vulnerable Victim Suites (VVS) in the East of the County (Canterbury, Wye and Margate). In general, the venue used will be that which is closest to where the victim is at the time they are seen by Police. Those in the West and North are taken to DVH and those in the East to the nearest available suite. It is not desirable for victims to spend excessive amounts of time travelling to the examination suite.

The current Kent SARC is used for Police cases only; there is no on-site management, ISVA or crisis worker on-site availability.

Family Matters provides call-out Crisis Workers for the SARC from Thursday evening to Monday morning. They are looking to extend this provision and have successfully

tendered to provide the first self-referral provision in Kent. This is in the very early stages of implementation with two Forensic Medical Examiners (FMEs) having been approached to conduct the medical examinations. The provision of a SARC is essential to manage self-referrals; it is not possible to offer such a service at Police VVS.

It is estimated that approximately two thirds of victims are examined at DVH (about 200 per year).

All venues are available 24/7 for Police cases only. There is currently no capability to accept self-referrals.

Darent Valley Hospital

Kent's SARC has been located at the Darent Valley Hospital (DVH) for approximately 10 years and is currently located within the sexual health department. It does not meet the national standards for a SARC but provides access to a forensic service and until recently provided access to Genito Urinary Medicine.

The Genito Urinary Medicine service relocated from DVH to a Gravesham Community Hospital on 1st June 2013. Despite assurances that the DVH would relocate the SARC to suitable accommodation elsewhere on the estate and an agreement to host the facility for the next 3-5 years the hospital has served notice on the Police to vacate the premises by 1st August 2013. This has been explained by Stuart Jeffery (Director of Performance and Planning Dartford and Gravesham NHS Trust) stating that there were no suitable alternative premises available and the current rooms being required for another purpose following significant refurbishment.

Finance

Kent Police had agreed that they would pay DVH to continue to accommodate the current SARC for 2013/14. This money was secured via the Police and Crime Commissioner. However in light of recent developments, no payments have been made

The actual costs to the Police for a SARC are not easy to break down. FMEs are paid a retaining fee and claim for call-out expenses and specific work on behalf of Kent Police. A proportion of this relates to Rape and Serious Sexual Assault cases, some of which is delivered at the SARC and some at the Police VVS. Stock is split into SARC and Suites. An estimate of total costs to the Force is approximately £250,000 a year – this figure should be treated with an element of caution.

Kent and Medway PCTs contributed £80,000 during 2012/13 to provide some access to Crisis Workers and ISVAs from the voluntary sector, Family Matters and East Kent Rapeline.

Future Provision and PCC's SARC Stakeholder Group

The Kent Police and Crime Commissioner, Ann Barnes has pledged to ensure victims are placed at the heart of the Police and Criminal Justice system. Prior to her election she stated publicly that she would address the deficiencies that exist in Kent regarding SARC provision.

In April 2013, prior to the notification of the cessation of the facility at DVH, a fact finding meeting was organised by the PCC's office led by Mr. Sean Nolan. Representatives from all interested parties were invited including Police, Health, FME, CPS and Family Matters. A program of work was formalised and implemented. The over-arching aim of the PCC and the group being to improve provision to an acceptable standard, laying the foundation for a service of National Standard in 2014.

A draft Kent SARC Specification has been circulated to all involved parties for consultation. This document reflects both the interim position we are currently in and possible future arrangements. Within this document is a commitment to site the SARC more centrally within the County in order to service all the population at one facility.

To date, the group has identified three potential premises. Providers have submitted proposals in relation to an interim service. Each option will be reviewed in detail in order that the most appropriate solution is found.

It is hoped that the interim service will be up and running before the end of 2013.

Governance

In line with the Department of Health recommendation in 2010 Police Forces, including Kent have begun a process of handing over responsibility for FMEs to Health. Around the same time The Stern report recommended that Funding and Commissioning of SARCs be transferred similarly. This has taken some time to progress.

The National Support Team recommends that the Provider facilitate and implement clear accountability and governance for the SARC by nominating a Clinical Director and identified Clinical Lead.

The specification sets out that the Clinical Director must have current GMC Registration, together with recent experience as a practising FME. The role has a clearly defined remit which includes management of the FMEs, oversight of their professional development, ensuring that the FME's training meets the required standards, ownership of complaints and collation of data relating to the use of the SARC to meet national requirements.

In April 2013, the National Commissioning Board Local Area Team (NCB LAT), more specifically the Offender Health Commissioners, assumed responsibility for working with Kent Police and the Office of the PCC to commission the SARC, working closely with Public Health stakeholders. In line with agreements at the Police Healthcare Partnership Board, Offender Health Commissioners will review SARC provision in 2013/14. This work has been put forward as part of the NCB K&M LAT draft annual plan and the focus is on moving to a national service specification for SARC.

There is also nationally a SARC costing model being developed that will apportion costs based on responsibility which will influence this work. Presently, both nationally and regionally (excluding Kent) there is approximately a 50/50 Health-Police funding with some council and voluntary sector input.

Over the course of this financial year Police and Health will be working together to improve the service and transfer the above responsibilities. This will include increasing FME capacity, appointing a SARC Project Lead for Kent, Sussex and Surrey and appointing an on-site SARC Manager for the Kent SARC.

Conclusion

This briefing paper highlights where we are and where we are headed in relation to SARC provision in Kent. It is acknowledged that the current provision is simply not sufficient, it is inferior to neighbouring Forces, in particular Essex and Surrey. With the imminent closure of the SARC, it is vital to maintain the service to victims. Identification of interim premises is on-going, with a contingency plan on stand-by. All elements are in place to pursue the desired SARC solution to the National standard.

The overriding issue is Finance and the sustainability of that financial commitment. A centrally located facility is essential to ensure that wherever you are in Kent you will receive consistent high quality service. Victims should be free to choose whether to have Police involvement or not and have medical, health and associated support/advice on hand.

We are confident that the current program of work and long-term commitment of the PCC and Health Leaders will ensure that victims receive a premium service at their time of greatest need.

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