



Item No: 11

Meeting Date: Wednesday 8th November 2017

Glasgow City Integration Joint Board

Report By: David Williams, Chief Officer

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PROVISION OF FORENSIC MEDICAL SERVICES TO PEOPLE WHO HAVE BEEN SEXUALLY ASSAULTED AND / OR RAPED

Purpose of Report:	The purpose of this report is to: - • Advise on the current service provision for the delivery of forensic medical examinations for people who have been raped or sexually assaulted. • Request approval to secure £305,000 from the HSCP contingency fund, augmented by £140,000 from the sexual health budget, for one year from March 2018 to run an interim service model for 2018 /19.
Background/Engagement:	This report was presented and discussed at the HSCP Senior Management Team on 13th September 2017.
Recommendations:	The Integration Joint Board is asked to: a) note the contents of the report; and b) endorse the development of the recommended interim service model and the proposed funding arrangements to support it.

Relevance to Integration Joint Board Strategic Plan:

The provision of forensic medical service for people who have been sexually assaulted or raped is a responsibility of Glasgow HSCP under hosted arrangements and plays a significant role in relation to the health and wellbeing of both Glasgow and other HSCP populations.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Outcomes 3,4,7 & 9
Personnel:	This proposal will result in the recruitment of additional medical and nursing staff. It will also require a review of the current operational management and nursing staffing arrangements within the Archway service.
Carers:	N/A
Provider Organisations:	This paper proposes a model which will involve some service delivery from a provider organisation to carry out limited out-of-hours provision.
Equalities:	The proposed model will improve patient experience with the increased provision of female medical and nursing staff. Any service changes will be included in the EQIA process for the sexual health service review.
Financial:	This model cannot be developed without additional funding of £445k being identified from the sexual health budget and the HSCP contingency fund. Development is also reliant on maintaining existing budget allocation for the service.
Legal:	None
Economic Impact:	None
Sustainability:	In order to stabilise service provision, this model is proposed as an interim one, pending outcomes of the Government's National Taskforce in Response to the HMIC Report on the review of forensic care for people who have been sexually assaulted and/or raped.
Sustainable Procurement and Article 19:	N/A
Risk Implications:	The model relies on successful recruitment of medical staff. There are financial risks in terms of sustainability which is dependent on the outcome of the National Taskforce work.
Implications for Glasgow City Council:	There is a current level of funding to this service from the Council's Integrated Grants Fund that is outwith the annual allocation to the IJB, this will require to be secured in order to make the interim proposal viable.

Implications for NHS Greater Glasgow & Clyde:	Changes to service model.
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Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	✓

1. Introduction

1.1 Forensic medical services for sexual assault and rape are provided by a combination of Archway, the Sexual Assault Referral Centre (SARC) managed by Sandyford and Comms, a company of forensic physicians which, in January 2016, was awarded the wider Board-wide contract for forensic medical work with the inclusion of sexual offences examinations (SOE).

1.2 There is at present an imperative for the HSCP to decide on an interim service model for the provision of SOE. The key drivers for this are: -

- There have been sustained and ongoing problems in Archway's ability to deliver a 24 hour service (which it was originally set up to do). This is predominantly to do with the level of budget the service has available and there is a need to agree a service model which will stabilise the service, offer continuity of care to its users and is financially viable.
- The current contract with Comms is due for renewal and / or extension on 1st March 2018 and, due to ongoing and increasing problems in relation to the provision of a 24 hour service, in particular the out-of hours component, there is a need to renegotiate and tender for new service arrangements.

1.3 The proposed arrangement is recommended as an interim only due to the ongoing work of the Chief Medical Officer's National Taskforce which is developing an action plan for improvements to services across Scotland. In addition, within current budgets, there is no available recurring finance available.

2. Background

2.1 The SARC model provides a one-stop holistic care and treatment, where clients can receive a forensic medical examination by a female physician supported by a specialist nurse who, in addition, provides sexual health through-care and support. Support workers are available to support individuals with the aftermath and prepare for court proceedings. The service receives referrals from Police Scotland but individuals can also self-refer without recourse to the police. Forensic samples are then stored which can be sourced if the individual chooses to report the crime at a later date.

- 2.2 Archway was set up in 2008 as a result of the then Clinical Director securing funding of £1.5m over three years to pilot a SARC service model. This money was split over the three year period and at the end, the service continued to receive **£300k** per annum from Strathclyde Police. This now comes as a recurring sum from the Scottish Government Health Care in Police Custody funding stream.
- 2.3 The service developed into a regional one in 2009 with service level agreements being set up with the following Health Boards: -
- NHS Lanarkshire
 - NHS Ayrshire & Arran
 - NHS Highland (for the old NHS Clyde part)
- 2.4 In 2011, with the establishment of Police Scotland and the transfer of responsibility for health care provision to Health Boards, it was agreed that Archway would continue to be the main service provider. A contingency cover component of **£40k** was added to the main forensic contract for police custody and prison health care to ensure that there would be a service when Archway was unavailable e.g. due to unplanned events such as emergency staff cover.
- 2.5 Core funding of **£528,325** is supplemented by an additional **£90,828** from GCC Chief Executive's Department. This combined with income from service level agreements results in a total budget of **£667,234**.

3. Service Challenges

- 3.1 For a number of years, the ability for Archway to deliver a consistent 24 hour service has been challenging. This has been mainly to do with the level of budget available and the consequent inability to attract doctors at a competitive pay rate for out-of-hours work.
- 3.2 Over time, this situation has led to increased use of the forensic physicians, who are mostly male and only contracted to carry out the forensic examination with no expectation that they offer any through or after care. Increased dependence on them has resulted in them covering a much larger part of the out-of-hours rota than anticipated and this is not reflected in the payment under the existing contract.
- 3.3 The reduction in the level of service provided by the SARC model has resulted in the reduction of specialist nursing staff willing to work on an out-of hours basis.
- 3.4 This has led to a two tier service model, as highlighted by Her Majesty's Inspector of Constabulary report of March 2017 which reviewed the standard of care for adult and child victims of sexual crime accessing forensic medical services across Scotland. The review identified significant variations in availability and quality around Scotland, with services offered to some victims being described as 'unacceptable'. Archway, the only SARC in Scotland, was viewed as an excellent service but criticised for its inconsistency in opening hours resulting in a two tier service for clients.

3.5 In an attempt to try and address the service issues, the following action has been taken over the past year:

- An agreed and improved rate of pay for the Sandyford specialty doctors, which should also be attractive to other doctors interested in this type of work.
- The development of a joint nursing post with police custody services for out-of-hours work. This post will sit in police custody but be available for cases in Archway.
- From April 2017, Archway premises are accessed by out-of-hours forensic physicians for examinations. This means that no clients are examined in police station premises.

4. National Work

4.1 Following the publication of the HMIC report in March 2017, Dr Catherine Calderwood, Chief Medical Officer created a national taskforce to look at the issues presented in the report and identify solutions for service improvement. The work of this group is ongoing and it anticipated that a high level work plan for improvement will shortly be agreed by the government which will detail actions for the design and delivery of high quality, person-centered forensic health and recovery services across Scotland.

4.2 A national consultation process has recently concluded in relation to draft national standards for the Forensic Medical Services for People who have Experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults. Glasgow HSCP has responded to this, broadly welcoming the standards. However, a comment regarding the financial challenges facing the HSCP in delivering on these standards consistently has been made. As yet, there has been no statement from the Scottish Government regarding any additional resourcing to enable Partnerships to deliver services to the recommended standards.

5. Options

5.1 Pending further guidance from the Scottish Government work, significant consideration has been given to exploring the options open to the HSCP with regard to delivering an improved and more robust service and, in developing a service model, certain pre-requisites should be considered:-

- Although the outcome of Dr. Calderwood's work is still unknown, it is likely that some type of regional model will be recommended and that further recommendations with regard to best practice, as set out in the draft national standards, will be made.
- Although there is no requirement to have forensically trained nurses supporting examinations, this is considered best practice by the Crown and the standard of care clients receive in Archway with the support of nursing far outstrips the experience of those who are examined without this. Historically, it has been difficult to retain nursing staff on an on-call basis and therefore any future model has to consider the availability of nursing on a paid basis. The creation of the new post which would be

placed in police custody and available for Archway is an attempt to address this. Obviously, the costs for nursing increase for out-of hours if it is delivered in this way.

- Despite the fact that a new pay rate has been agreed for doctors, there are challenges in recruitment and the success of the proposed model is dependent on attracting enough female doctors to work out-of-hours.
- Whichever model is chosen, additional finance is required.

5.2 The options that have been considered and ruled out are:-

- The service remains the same.
- Forensic physicians provide 24hr cover.
- Archway provide the cover from 9am – till 9pm with no overnight service
- Archway provide 24hr cover.

5.3 It was hoped that the Archway service running from 9am till 9pm at night, with no overnight cover would have been a real option. This would have been financially more viable and would have ensured continuity of service. Experience tells us that many victims of sexual crime do not necessarily wish to be examined during the night and would prefer to wait and be seen by a female physician in the morning. However, understandably Police Scotland were unhappy at the prospect of having no access to services for 50 % of the day, particularly in the case of stranger rape where there is a public protection imperative to act swiftly.

5.4 Archway providing a 24 hour service would cost an additional **£658,098**, which is cost prohibitive and there is little prospect of securing a provider to carry out the equivalent service to a high standard at a reasonable price.

5.5 This leaves two potential options:-

- Archway provides the service from 9am – 9pm with Forensic contract for 9pm – 9am.
- Archway provides the service from 9am – 12 midnight with forensic cover from 12 midnight till 9am.

5.6 The additional spend for the first option is **£354,377**, and for the second one it is **£445,138**. The second option is the preferred one as it would limit the requirement for the involvement of contracted forensic physicians. Where appropriate, cases could be held over until the next morning but the police would have access to a 24 hour service. This model would incur the lowest contract value. Although there would still be two parts to the service, this model would reduce the two tier aspect and it would be the next best model to the 24 hour gold standard one.

5.7 The model would be developed as an interim one for one year from 1st March 2018 and the shortfall in funding would be secured from:-

- £140k – identified from the existing sexual health budget
- £305k – identified from the HSCP Contingency Fund

5.8 However, this would be based on certain prerequisites and conditions, as follows:-

- The model has to be an interim one, including any contract awarded to a provider for out-of-hours. The service requires to be stabilised but until there is clear direction from the National Taskforce and Scottish Government regarding service design and expected standard of provision, the HSCP is not in a position to make longer-term decisions about the service.
- There requires to be further discussion with the Scottish Government regarding the current position the service is in and the resource challenges it presents, including what revenue should come from the government to support any recommendations that come from the National Taskforce.
- The existing Archway service operational management and nursing structure is included as part of the sexual health service review to ensure that the existing resources are being effectively utilised.
- The nursing model is developed in partnership with Police Custody to ensure that costs are kept to a minimum and that the developed service is as efficient as possible.
- Income levels are improved to support the increased costs by reviewing the unit cost charges to the other Health Boards that have SLAs with Archway.

6. Recommendations

6.1 The Integration Joint Board is asked to:

- a) note the contents of the report; and
- b) endorse the development of the recommended interim service model and the proposed funding arrangements to support it.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	081117-11-a
2	Date direction issued by Integration Joint Board	8 November 2017
3	Date from which direction takes effect	8 November 2017
4	Direction to:	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Sexual Health: forensic medical services for people who have been raped or sexually assaulted
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to develop the interim service model outlined in this report
8	Budget allocated by Integration Joint Board to carry out direction	As advised by the Chief Officer: Finance and Resources, including £305,000 from the HSCP contingency fund, augmented by £140,000 from the sexual health budget, for one year from March 2018 to run an interim service model for 2018 /19.
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	November 2018