Vaughan Gething AC/AM
Y Gweinidog lechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Ein cyf/Our ref VG/07985/19

Janet Finch-Saunders AM
Chair, Petitions Committee
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Dear Janet,

Thank you for your letter of 1 October regarding Petition No. P-05-859; seeking an update on the roll-out of the new Sexual Assault Referral Centre (SARC) model and access to SARC and other support services.

The committee has specifically requested:

a) an update on the rollout of the new model for Sexual Assault Referral Centres (SARCs), including the proposed locations of the two paediatric hubs and local centres;

There remains a commitment to establishing two paediatric SARC hubs (Swansea and Cardiff) to provide paediatric acute and historic services across the region with ongoing support being provided from the more local SARC spokes. The multi-agency SARC project continues to work collaboratively to develop a sustainable service model.

Issues relating to the recruitment of paediatricians is a national issue. Unfortunately as a result of these recruitment challenges, the acute service in Swansea Bay has been suspended and an interim service model has been established. The interim service provides an acute service from Ynys Saff SARC in Cardiff and Vale UHB, for all children across the region under the age of 14 years. Follow up care is provided by more local service providers, as appropriate. Children over the age of 14 continue to be seen by a forensic medical examiner at their nearest SARC. There is no change to the management of historic cases at this time, which continue to be seen in Singleton Hospital, Swansea and Nevill Hall Hospital, Abergavenny or to the out-of-hours provision.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

In parallel to the establishment of the interim service, the SARC project reviewed the twohub paediatric model originally proposed, in terms of feasibility and achievability. The review consisted of a multi-agency option appraisal followed by a focus group with paediatricians from across the region.

The two-hub paediatric model (Swansea and Cardiff) was supported by the review with a number of additional recommendations to support the service model. These include:

- Increasing the age from 14 to 16 for children that can been seen at the paediatric hub. This is in line with national guidance and services in North Wales.
- The need to develop a sustainable clinical workforce model.
- Developing pathways and commissioning arrangements with North Wales for children living in north Powys
- Exploring options to expand the role of the paediatrician to undertake the forensic examination, in addition to the health assessment.

The proposals recognise that clinicians need to see a minimum number of children to develop and retain the skills and experience needed to ensure services can meet the needs of children and young people. This is particularly important in order to minimise any further trauma from the assessment which may occur is a child is seem by the wrong person. The two-hub paediatric model balances the current number of children needing to access support, with the need for clinicians to maintain skills and experience. 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.

These recommendations were made to the SARC project board in August and are being considered by health boards through Board meetings (September/October).

## Children living in Powys.

The Project recognised the geographical challenges for children needing to access acute SARC services in Powys. The SARC project has recommended that children in North Powys should be able to access acute SARC services from the Amethyst Centre in North Wales, rather than traveling to Swansea or Cardiff if they so wish. Ongoing support would be provided from the more local SARC services and local Health Board in line with the existing commissioning arrangements for the health board. Following approval of the recommendations, work will need to take place with North Wales SARC service to develop pathways and the commissioning arrangements to enable children up to their sixteenth birthday who live in North Powys to access SARC services in Colwyn Bay, if they require forensic examination.

## Next steps

There is significant work needed to move to a sustainable two-site service model for the paediatric SARC hubs in the region. The project board is developing a provisional timeline to which they are working. However, it should be noted that this timeframe may change in response to external influences e.g. PCC elections, engagement requirements etc. Specialist advice is currently being sought in relation to this.

The Committee will be aware North Wales have not been part of the recent service development work, but it is recognised that there are significant benefits from working across Wales. The next phase of the work will therefore involve working with colleagues in the North Wales SARC service to explore opportunities for closer working and as part of an All Wales network model.

I can assure the Committee that the interim model will remain in place until a new sustainable service model is implemented.

b) more information about waiting times for accessing existing SARCs;

There is no waiting time for accessing Sexual Assault Referral Centres. Individuals who present at the SARC service (self-referrals) will be seen immediately.

If a referral or a telephone call is received as an acute case (incident happened within the last seven days), the individual will be seen straight away under a 24/7 access. Non acute cases (incident occurred in last 12 months) will be seen within five days of a referral or telephone contact and this will be the offer of a face to face appointment. Historic cases (longer than 12 months) are managed in the same way as non-acute cases.

c) details on whether there are existing support services in place for children to access without the need for a referral.

The usual mechanism for a young person to access the SARC service is a referral from social services or the police, although some older children may self-refer. However, any child under the age of 16, attending the SARC would be seen and appropriately advised that, in line with All Wales Child Protection Procedures, an incident would need to be disclosed to police and children's services. This would engage all relevant support services.

I hope this information is helpful to the Committee.

Yours sincerely,

Vaughan Gething AC/AM

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