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|                           | <b><u>Agenda Item: 16</u></b>  |
| <b>Report to:</b>         | <b>Birmingham Health &amp; Wellbeing Board</b>   |
| <b>Date:</b>              | <b>30<sup>th</sup> April 2019</b>  |
| <b>TITLE:</b>             | <b>PROPOSAL TO RELOCATE AND IMPROVE THE ADULT SEXUAL ASSAULT REFERRAL CENTRES WHICH SERVE BIRMINGHAM, SOLIHULL AND THE BLACK COUNTRY</b> |
| <b>Organisation</b>       | <b>NHS England and Improvement</b>   |
| <b>Presenting Officer</b> | <b>Sarah Forrest, Head of Health &amp; Justice Commissioning (Midlands)</b>  |

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| <b>Report Type:</b> | <b>For information</b> |
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| <b>1. Purpose:</b>   |
| To advise partners of proposals to relocate the adult Sexual Assault Referral Centre services from the 2 current sites (Walsall and Castle Vale) to a single facility in Hodge Hill. |

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|--------------------------|---|--|
| <b>2. Implications:</b>  |   |  |
| BHWB Strategy Priorities | Detect and Prevent Adverse Childhood Experiences  |  |
|                          | All children in permanent housing   |  |
|                          | Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments) |  |
|                          | Increasing employment/ meaningful activity and stable accommodation for those with mental health problems                                   |  |
|                          | Improving stable and independent accommodation for those learning   |  |

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|  | disability   |  |
|  | Improve the wellbeing of those with multiple complex needs |  |
|  | Improve air quality  |  |
|  | Increased mental wellbeing in the workplace                |  |
| Joint Strategic Needs Assessment               |  |  |
| Joint Commissioning and Service Integration    |  |  |
| Maximising transfer of Public Health functions |  |  |
| Financial                                      |  |  |
| Patient and Public Involvement                 |  |  |
| Early Intervention                             |  |  |
| Prevention                                     |  |  |

### **3. Recommendations**

- 3.1 The Board is asked to note the proposal and identify any queries or concerns to NHS England/Improvement.

### **4. Background**

- 4.1 Adult SARC services for Birmingham, Solihull and the Black Country are currently split across two sites: Horizon Castle Vale and Horizon Walsall. The Walsall premises are also shared with the regional Children and Young People's SARC. (*Please note: there are no plans to move the Children and Young People's SARC.*)
- 4.2 Previous needs assessments have indicated that we need to improve SARC services for the local population. The 2011 Health Needs Assessment identified that *"Many stakeholders provided a strong rationale for centralising services within a single SARC"* and *"In terms of location, stakeholders in favour of centralisation considered that Birmingham - as the central point within the West Midlands Police Force Area - was an ideal city in which to locate a SARC."*

- 4.3 The 2016 Adult SARC Health Needs Assessment recommended that *“stakeholders highlighted the need for better SARC facilities to service the West Midlands area. For the West Midlands, the preferred option was for a new single purpose-built site located within easy access to the motorways and away from the city centre.”*

#### 4.4 How will service users get to the new SARC location?

Most service users are taken to the SARC and then home by the Police. Those service users who self-refer can make their own way to the SARC by personal or public transport. Alternatively, the SARC can provide a taxi if assistance is required to attend the SARC.

#### 4.5 What is the age range for adult and children and young peoples' services?

Within the SARC service people are classed as adults if they are aged 18 years. Survivors aged under 18 are classed as children and young people (CYP). There is provision for 15-17-year-olds to attend either the CYP or adult service based on the survivor's personal preference.

#### 4.6 How many survivors travel to the SARC from each area?

##### January - December 2018

| Area          | Number of service users by area | % across the region | Average number of attendances a week by area | Number of self referrals by area |
|---------------|---------------------------------|---------------------|--|----------------------------------|
| Birmingham    | 215                             | 47.7%               | 4  | 71                               |
| Solihull      | 15                              | 3.3%                | 0  | 7                                |
| Coventry      | 13                              | 2.9%                | 0  | 4                                |
| Dudley        | 34                              | 7.5%                | 1  | 12                               |
| Sandwell      | 47                              | 10.4%               | 1  | 14                               |
| Walsall       | 43                              | 9.5%                | 1  | 16                               |
| Wolverhampton | 54                              | 12.0%               | 1  | 18                               |
| Out of area   | 13                              | 2.9%                | 0  | 6                                |
| Unknown       | 17                              | 3.8%                | 0  | 8                                |

#### 4.7 How often will service users have to travel to the SARC?

Only once. Once the initial assessment has been completed at the SARC, survivors are referred into services local to them for any ongoing care and

support such as sexual health, mental health, counselling, GP or other services. The Crisis Worker from the SARC supports this by arranging appointments, in consultation with the survivor.

**4.8 Will SARC staff numbers be cut when the number of sites are reduced?**

No, there are no plans to reduce service provision through this relocation.

**4.9 What is wrong with the current premises?**

The Walsall site currently houses a regional children and young people (CYP) service and the adult service. There is limited space available and it is necessary to provide separate facilities for CYP and for adults which further reduces the space for each. Moving the adult service provides more room at Hodge Hill but also frees up space at the Walsall site. It will enable NHS England to establish an age specific environment for CYP in Walsall. NHS England is aiming to invest in both the Walsall and Hodge Hill sites to improve the facilities for survivors of sexual assault.

**4.10 What will happen to the CYP service?**

This service will remain at the Walsall SARC site.

**4.11 Will the new facilities be able to meet the needs of Adults with Care and support needs?**

Hodge Hill Primary Care Centre is Disability Discrimination Act compliant including the area to be used by the SARC service.

**4.12 Have other locations been considered?**

Yes, the STP/CCG led an estates review and options appraisal which considered a range of vacant premises across Birmingham, Solihull and the Black Country. An estates assessment was then completed based on the quality of the premises, location, size, privacy and availability. Hodge Hill Primary Care Centre ranked the highest when scored against these factors.

**4.13 Why isn't a formal consultation being undertaken?**

NHS England has reviewed this and identified that:

- The proposed co-location of the SARCs in a building with space for closer

- working between partner organisations is not a significant service change.
- There will be no loss of service to the area served (Birmingham, Solihull and the Black Country).
  - There is a small number of people affected and a low impact on those people. On average 10 survivors use the service each week from across Birmingham, Solihull and the Black Country. In most cases each survivor only attends the SARC once. They are then referred for follow-up treatment in their own home areas.

#### **4.14 Why is this being considered now?**

A suitable space is currently available; NHS England is aware of estates pressures across the region and wants to secure this site for the benefit of survivors who use this vital service. There is pressure on space within the Walsall SARC that needs to be addressed to support patient care.

### **5. Future development**

Moving to Hodge Hill will support efficiencies in staffing and minimise staffing travelling. Hodge Hill provides additional space which could provide a more seamless survivor experience; this includes two examination suites and onsite Police facilities which would avoid the need for the survivor to then attend the local Police Station for interviews. In addition, a room for Independent Sexual Violence Advisor (ISVAs) would also be available should these services wish to have an onsite presence. Having relevant professionals available within the SARC to engage with the survivor at the same time would provide a better patient experience and would support multi-agency working. The building would be fitted out as an age-appropriate facility.

### **6. Compliance Issues**

#### **6.1 Strategy Implications**

#### **6.2 Homelessness Implications**

#### **6.3 Governance & Delivery**

The project is being overseen by a Project Board consisting of NHS England, the CCG and the Landlord.

An Expert Reference Group is developing the premises specification. Representation includes: NHS England Commissioners, West Midlands Police Force, West Midlands Forensic Laboratory, the SARC Provider and a provider of Counselling and ISVA services.

#### **6.4    *Management Responsibility***

SARCs are a statutory commissioning responsibility of NHS England/Improvement and the Police

### **7.     Risk Analysis**

| Identified Risk | Likelihood | Impact | Actions to Manage Risk |
|-----------------|------------|--------|------------------------|
| #               | #          | #      | #                      |

### **Appendices**

1.     Briefing: Adult Sexual Referral Centres Proposal for Birmingham, Solihull and the Black Country    March 2019