



Derby City Council

**HEALTH AND WELLBEING BOARD**  
**19 January 2017**

**ITEM 9**

Report of the Police & Crime Commissioner for  
Derbyshire

**Sexual Violence and Abuse Pathway Strategy Update**

**SUMMARY**

1.1 The purpose of this update is to inform the Health and Wellbeing Board of the work that has been completed so far by the Sexual Violence and Abuse Pathway Strategy Group. The group was established and chaired by the Police and Crime Commissioner for Derbyshire on behalf of Derbyshire and Derby City Councils, Derbyshire Constabulary, Clinical Commissioning Groups, NHSE and Derbyshire Healthcare Foundation NHS Trust to:

- Address the fragmentation of current services and funding
- Define a single partnership strategy for funding and delivery of services for victims of Sexual Violence and Abuse
- Identify gaps and options to address them
- Manage the interfaces and pathways between those services
- Ensure best value and outcomes with the available funding between those partners.

This paper will bring to the attention of the group, two diagrams that have been drawn up following discussions within the Strategy Group. One will highlight the victim pathway between all those commissioned SV services, whilst the other will highlight the sources (and amount) of funding currently provided for these services.

A further table will map those services, funds and organisations to further illustrate the gaps and resources available to support victims of SV.

1.2 The key issues to resolve are the funding for therapeutic counselling (specialist counselling for abuse both recent and in particular adult disclosure of historic child abuse) and a robust referral route between CCG NHS services and the available provision within the Voluntary Sector organisation commissioned by the partners to secure the whole pathway delivery for the longer term.

1.3 There are two further key issues that require urgent consideration;

- Paediatric SARC procurement; The Police & Crime Commissioners in the East Midlands made a decision not to co commission the services with NHSE as a regional contract and recommended further work together in order to establish the best possible framework plan for the SARC and the East Midlands. NHSE have since gone ahead with the procurement with no

further discussion as to how this may work where existing contracts are now in place for FME.

- City Council providing no funding for SV services moving forward (as highlighted in the diagrams below). Derby City Council no longer contributes funding to SV services moving forward which could potentially put at risk services for Derby City Residents.

1.4 A working group have been producing a paper around the key issues they have identified in this field and these are as follows:

- GPs and primary care psychological therapies' services and Mental Health teams are referring people to SV2 and SAIL as their NHS services are not appropriate for meeting the need
- There is a need for improved protocols between the DHcFT services and SV2 and SAIL
- Counselling provided by SV2 and SAIL does meet good evidence based guidelines and is delivered by qualified staff
- The counselling element of the pathway needs to be provided by counsellors who are trained, who also have the experience of the forensic requirements involved in disclosure and police investigation
- The people who access therapy from SAIL and SV2 would not have their needs met from the psychological therapies' service (IAPT) as usually they require a larger number of sessions (typically up to 24) and their needs are not those IAPT providers (who are effective with depression and anxiety) are commissioned to respond to
- Outcomes can be evidenced and there is significant health and social functioning deficits that such services can help people overcome
- The model of delivery is efficient in providing qualified staffing and is more cost effective than the NHS can provide
- SAIL is based on volunteers and SV2 based on sessional counsellors. Both approaches have advantages and a combination of these approaches would be helpful in achieving sustainability
- The absence of such services increases workload throughout NHS systems as there is a shortage of psychological therapies available in the NHS
- The voluntary sector service is not equitably spread or funded or accessed
- Demand is increasing particularly with adults disclosing historical abuse.

1.5 A formal pathway is recommended with a commissioned counselling service. This is additional work is not within the STP. There are no identified budgets within CCGs other than NDCCG at present. Only SAIL was within the voluntary sector review as SV2 was not funded by the CCGs historically.

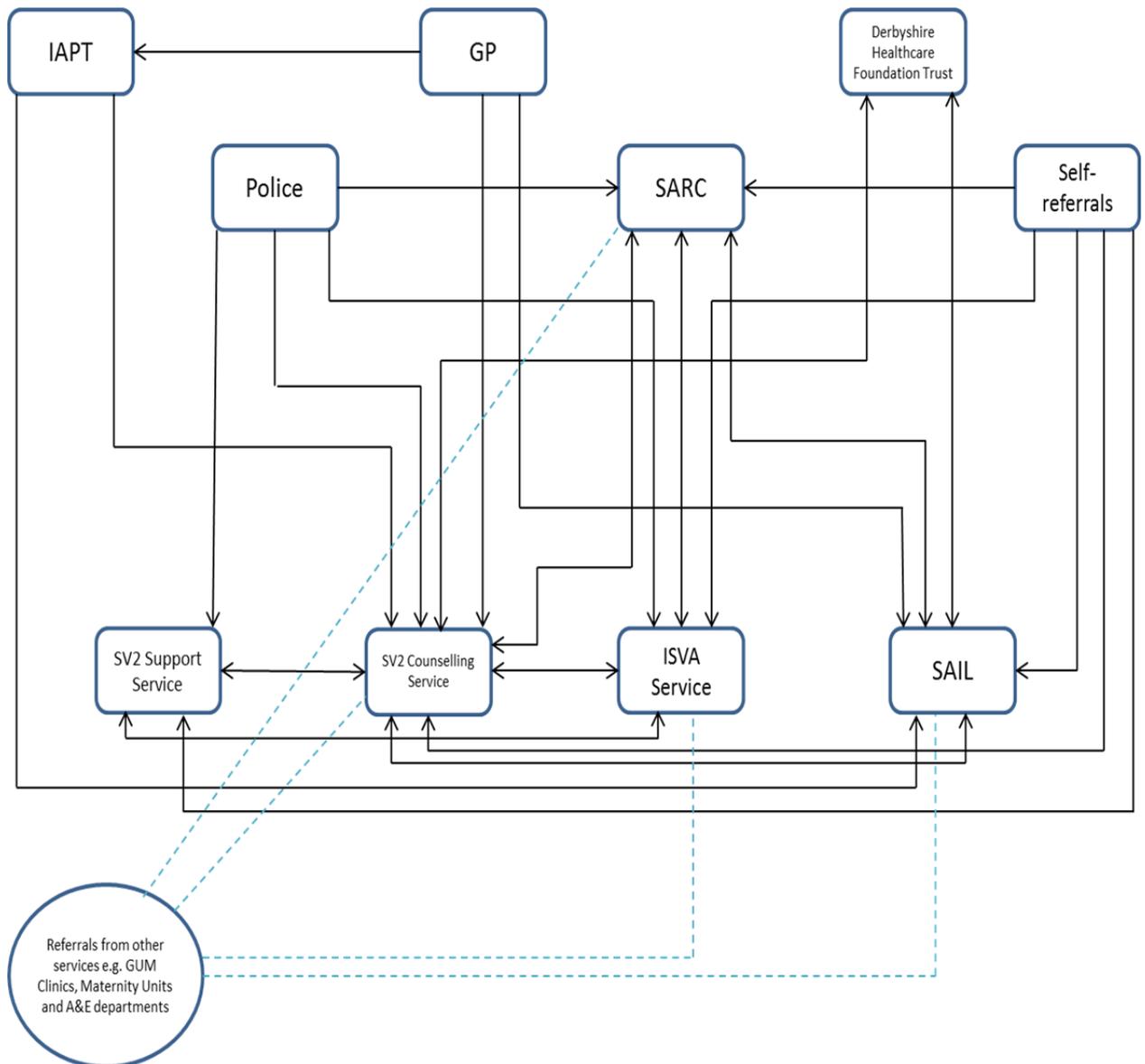
1.6 General counselling support is currently commissioned by Derbyshire County Council and the Police and Crime Commissioner and North Derbyshire CCG with the SARC currently funded by Derbyshire County Council and Derbyshire Constabulary with

NHSE temporarily picking up the Derby City fund which they have withdrawn.

1.7 This paper will also present the current action plan for the Strategy Group, including actions, timescales, key people, progress and outcomes.

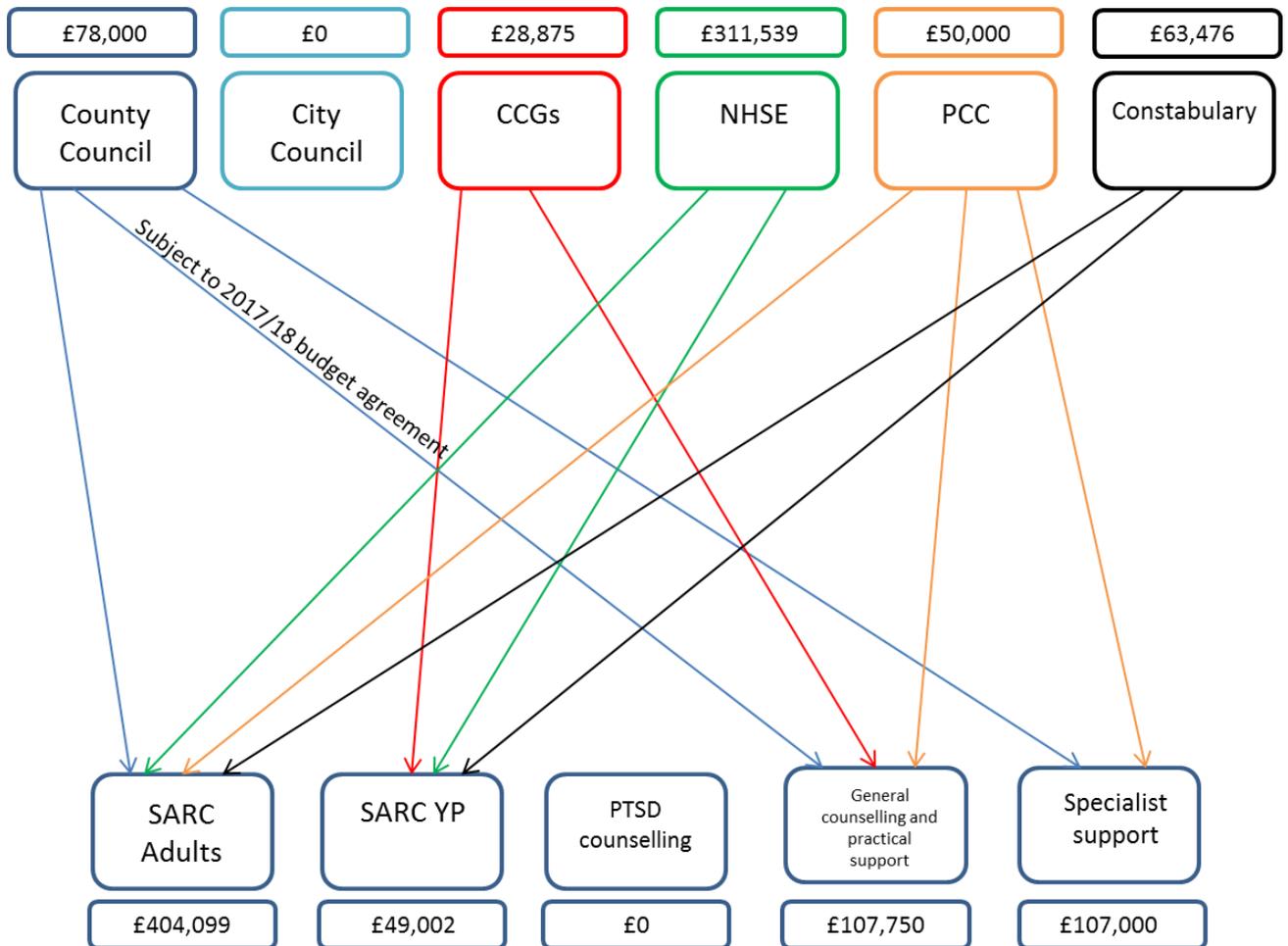
1.8 *Sexual Violence Victim Pathway Diagram:*

The diagram below highlights the referral pathways for victims between the different factions of SV services currently provided. Those towards the top of the diagram highlight referral agencies specifically, whilst those at the bottom highlight the SV support services provided mostly from SV2 and SAIL in Derbyshire.



1.9 Sexual Violence Pathway Funding Diagram:

The diagram below is to show the streams of funding currently being provided by commissioners, highlighting which services each commissioner individually provides funding for. The costs at the top of the diagram are those continual funding amounts that are currently provided on an annual basis. The costs at the bottom of the diagram are to show the total amount of funding provided for each SV form of support (on both a continual and one-off funding basis). The CCG funding for adults is not included as the spend on sexual violence in NHS services (labelled PTSD) is not identifiable at present. £28,875 is spent by NDCCG on counselling from SAIL.



Funding resources table:

Funding organisation (£)	SARC Adults	SARC YP	PTSD Counselling (determined through the health clinical pathway)	General counselling and practical support	Specialist support	Continual funding available for Derbyshire
County Council	<b>SV2</b> <i>£38,086 per year*</i> <i>Split of £12,000 for St Mary's contract (annually approved)*</i>	N/A	N/A	<b>SAIL</b> £25,972**	<i>£25,000 up to March 31<sup>st</sup> 2017 as one off funding</i> <i>Increased to £81,000</i>	£50,000
City Council	<b>SV2</b> <i>Have said that they are not contributing to the SARC from April 16</i>	N/A	N/A	N/A	N/A	£0
CCGs	N/A	<i>'Futures in mind' money- plan to put resource into SV2 and then link into SARC- update to come</i>	N/A	<b>SAIL (NDCCG)</b> £25,972**	<i>Cannot distinguish separate SV funding</i> <i>Two psychologists in post covering specific work at present. Non recurrent for 2017</i>	£0
NHSE	<b>SV2</b> <i>£285,537 (contract ends 31<sup>st</sup> March 2017)</i> <i>Includes therapy support up to certain sessions (6?)</i> <i>NHSE pick up of City funding of £23,000 up to October 17 when Adult SARC is procured (not continual)</i>	<b>SV2</b> <i>£49,002 (contract ends 31<sup>st</sup> March 2017)</i> <i>Includes up to 10 therapy support sessions</i>	N/A	N/A	N/A	£311,539
PCC	<i>Estate costs of £16,194 as a resource in kind? (for Codnor building)</i>	N/A	N/A	<b>SV2</b> <i>£50,000 per year</i>	<i>£25,000 up to March 31<sup>st</sup> 2017 as one off funding</i>	£50,000
Constabulary	<b>SV2</b> <i>£63,476</i> <i>Split of £5000 for St Mary's contract</i>	<i>Chesterfield Hospital and the building at St Mary's Wharf as a resource in kind</i>	N/A	N/A	N/A	£63,476
Totals	£404,099	£49,002	£0	£107,750	£107,000	£475,015

\*subject to final budget agreement post March 2017 \*\* subject to budget decisions

*Sexual Violence Pathway Group Action Plan:*

<b>Action</b>	<b>Timescales</b>	<b>Key People</b>	<b>Progress</b>	<b>Outcome</b>
Next SV Pathway Group meeting	12 <sup>th</sup> January 2017	All		
To define the clinical pathway within health	December 2016	Dave Gardner		
Incorporate clinical health data into the next HWB paper	12 <sup>th</sup> January 2017	CCGs		
Progress discussions on the Paediatric SARC procurement	By January/February 2017	PCCs Mary Bosworth, Derbyshire Constabulary police and procurement team	PCCs agreed not to co-commission. NHSE have continued, issued ITT papers with ability for PCCs to join at later date	Derbyshire Constabulary procuring FME contract to include Paediatric and Adult FMEs for delivery from 1 <sup>st</sup> June 2017
Adult SARC procurement process	By October 2017		To be progressed through the SV pathway group	
Report progress to the next SGB meeting	Jan 23 <sup>rd</sup> 2017		Papers to be prepared by deadline	
To prepare papers for the next Derby City HWB meeting	Jan 19 <sup>th</sup> 2017		Papers to be prepared by deadline	
To prepare papers for the next Derbyshire County HWB meeting	Jan 5 <sup>th</sup> 2017		Papers to be prepared by deadline	
To update the SV funding table accordingly following discussion from the meeting group		Mary Bosworth	Ongoing-current version to be circulated to the group	
To determine the final funding envelope for commissioned SV services		SV group	Explained in the HWB papers for January 17	
To determine PCC/Force funding for Paediatric and Adult SARCs		Mary Bosworth, Police and Procurement	Will be completed as part of the FME procurement process	
To work on the SV		SV Group	Explained in the	

<b>Action</b>	<b>Timescales</b>	<b>Key People</b>	<b>Progress</b>	<b>Outcome</b>
victim pathway design			HWB papers for January 17	
To circulate the SV needs assessment brief and to be presented to the HWBs			Brief has now been presented to the Derby City and Derbyshire County HWB	Completed
To agree a plan to incorporate prevention and raising awareness work into the SV pathway with actions agreed collectively- i.e. in schools and colleges	TBA			Action plan to deliver prevention and raising awareness to include and coordinate all partners and agencies
To conduct further work on the following groups previously underrepresented in the SV needs assessments: under 16s, migrant groups with no recourse to public funding, victims of historic abuse or stalking or on the long term health needs of those victims that differ from those of DV				
To increase work in rural areas to address the possible inequity in accessing services and positive outcomes for more vulnerable groups	To enable providers as part of their contracts to deliver this objective	Commissioning leads		
To have specialist BME services in place to allow victims to disclose SV in an environment where they feel the most comfortable and to make sure that	To enable providers as part of their contracts to deliver this objective	Commissioning leads		

Action	Timescales	Key People	Progress	Outcome
services are continuous				
To investigate if support services could potentially engage with victims earlier, in order to prevent any barriers to victims seeking support that the police may create	To enable providers as part of their contracts to deliver this objective	Commissioning leads		
To address the awareness of the importance of DV and SV as a cause of ill health, alongside a direct pathway for referrals into health services	To enable providers as part of their contracts to deliver this objective	Commissioning leads		
To look at a regional approach for SARC provision	To finalise discussions with NHSE on the paediatric element of the FME work			

\*Actions from previous needs assessment to be worked on alongside the new needs assessment currently being completed by NHSE.

## RECOMMENDATION

2.1 The Health and wellbeing Board is asked to:

- a) Note the work on services for victims of sexual violence and abuse in Derbyshire
- b) Note the available funding and service gaps identified
- c) Note the work to be done to enable providers to more effectively deliver the pathway collectively e.g. effective referral mechanisms and communication between agencies, that support individual case management
- d) Note the further work to be done to inform the needs analysis
- e) Recommend investment in counselling for victims of sexual violence be prioritised and confirm that this should be taken forward.

## REASONS FOR RECOMMENDATION

- To raise awareness of the potential significant gap in the needs analysis to inform the pathway and funding requirement
- To address the fragmentation of services across the county and join up services and referral processes.
- To have a robust and predictable funding plan for all agencies
- To raise awareness of the issue that as the City are no longer funding, they are no longer seated around the table for discussions about SV services moving forward. City's opinions are therefore not always voiced at the table and this also raises concern for those partners
- To address the issue of no funding being provided for SARC or counselling services for victims of sexual violence within Derby City. Linked to this, is to raise awareness of the risk of no provision of services post March 2017

**For more information contact:**  
**Background papers:**  
**List of appendices:**

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