

Agenda Item

5.1

Joint Commissioning Committee

Sexual Assault Referral Centres (SARC) Commissioning Proposals

Dyddiad y Cyfarfod / Date of Meeting	25 th November 2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Choose an item.
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Pwrpas yr Adroddiad / Report Purpose	For Approval For Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Shared with SROs for comment	03/11/2025	Approved Some commentary to be picked up as part of December workshops
Shared with lead PCC colleagues and clinical leads 12/11/25		Support - comments received with many incorporated
Shared with Matt Downton - Welsh Government 12/11/25		

Shared with CCLG 18/11/25		Support with minor comments received
Shared with SLT 19/11/25		Supported

Acronyms / Glossary of Terms	
ISVA	Independent Sexual Violence Advisor
SARC	Sexual Assault Referral Centre
SO	Standing Orders
SOE	Sexual Offence Examiner
VAWDASV	Violence Against Women, Domestic Abuse, Sexual Violence
WSAS	Welsh Sexual Assault Service

1. SITUATION/BACKGROUND

1.1 Background/History of the Programme

During 2013, Welsh Government undertook a review of Sexual Health services across Wales and concluded that services in North Wales were working effectively, however that there was variation across South Wales where work was required to bring parity to services.

A joint programme was established between the policing system and the National Health Service (NHS) including the establishment of a collaborative governance structure, the design and development of the Welsh Sexual Assault Service (WSAS), and oversight of its delivery and performance.

The ambition is to deliver patient and victim centred sexual assault services with health needs as the key priority, to provide the best outcomes for victims of sexual violence, to be achieved through a health-led programme, with the NHS working in partnership with policing and others.

Good progress has been made through the collaboration on the development of a 'Hub and Spoke' model of delivery for victims of sexual assault, supported by a collaborative commissioning model based on a 50/50 split (for the hubs) funded by the NHS, the police and offices of the Police and Crime Commissioners.

The responsibility for commissioning of the health components were reflected in the Joint Commissioning Committees Standing Orders at its establishment on 01 April 2024, and subject to transition arrangements from NHS Performance and Improvement.

As the programme was designed to be time limited, the team supporting the programme within the NHS has been predominantly disbanded. As a result there have been no programme board or sub-group meetings for some time.

At the current time therefore, there is a need to review/establish:

- Robust transition arrangements between the NHS Performance and Improvement Unit and the Joint Commissioning Committee
- What partnership governance arrangements are now required for routine commissioning of the service
- A clear service specification
- The financial model from 2025/2026
- A robust partnership agreement around the services, funding flows, performance and reporting requirements
- Staffing infrastructure

2. SPECIFIC MATTERS FOR CONSIDERATION

Specifically, this paper requests consideration of the following:

- Confirmation of transfer from the NHS Performance and Improvement Unit to the Joint Commissioning Committee, including the current position of implementation
- Exploration of the partnership governance arrangements that may be required, to move these services to routine commissioning
- Confirmation to move towards the development of a complete service specification which will work as the basis of a partnership agreement inclusive of a financial framework, performance management framework and a stakeholder engagement framework

3. KEY MATTERS

3.1 Welsh Sexual Assault Services – Aims and principles

Through strong collaboration across the partnership and through listening to survivors of sexual assault, the following aims and principles for the Welsh Sexual Assault Service have been developed, and remain extant:

Aims	<ul style="list-style-type: none"> • To deliver sexual assault services that are person/victim centred; with health and wellbeing needs as the key priority. • To ensure the best outcomes for victims of sexual violence, achieved through a health-led programme, working in partnership with policing and key stakeholders with the victim voice in the centre.
Principles	<ul style="list-style-type: none"> • Victim/Person Centred - The programme will ensure that the victim/person is at the centre of everything it does • Children’s rights and human rights - A focus on children’s rights and human rights, which aligns with the overall aim of placing the victim at the centre of all services and support. • One public service ethos - All partners in the programme will work collectively and cohesively ensuring openness, transparency and connectedness.

	<ul style="list-style-type: none"> • Remaining aligned with strategy The programme should maintain good links with the overarching strategy for sexual assault services • Leading Change - The programme represents a significant leadership challenge, and that leadership needs to be present at various levels in the organisation • Envisioning and communicating a better future - A clear vision of the future provision of sexual assault services will be created and then consistently communicated and implemented • Focusing on benefits and threats- Everything in the programme should be aligned to realising the end benefits and thus satisfying strategic objectives • Adding value - The SARC programme will be designed so that it adds value • Designing and delivering sustainable capability Through its governance structure, the programme will ensure capability and capacity to deliver the change required • Learning from experience A programme will create, acquire and transfer knowledge adapting approaches based on new insights.
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3.2 Reminder of the service model

SARC services are provided for 6 groups of patients/survivors:

- Adults who have experienced an acute sexual assault – presentation into a SARC within 72-hours
- Adults who present within 10-days of a sexual assault
- Adults who present following a historical sexual assault
- Children who have experienced acute sexual assault – presentation into a SARC within 72-hours
- Children who present within 10-days of a sexual assault
- Children who present following a historical sexual assault – (examinations are provided in Health provided historic clinics)

The agreed regional model is based on a hub and spoke approach with three adult sexual assault referral centre (SARC) hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs in Cardiff and Swansea. There are spoke services in Risca, Merthyr Tydfil, Newtown and Carmarthen. SARC hubs focus on acute forensic services, whilst SARC spokes focus on on-going support and non acute care (for survivors from Cardiff, Swansea and Aberystwyth, they can also receive on-going care at their SARC hubs).

Cardiff	<ul style="list-style-type: none"> • Forensic medical examinations • Crisis support • Counselling and Psychological Support • Health Needs Assessment • Support for Children and Young People • Follow-up and Aftercare • Independent Sexual Violence Advisors (ISVAs) • Police interview rooms where crisis worker support is provided
Swansea	
Aberystwyth	
Risca	<p>SARC spokes do not offer forensic medical examinations, but they do provide:</p> <ul style="list-style-type: none"> • Crisis Support • Counselling and Psychological Support • Health Needs Assessment • Support for Children and Young People • Follow-up and Aftercare • Independent Sexual Violence Advisors (ISVAs) • Police interview rooms where crisis worker support is provided
Merthyr Tydfil	
Newtown	
Camarthen	

There are also services that sit outside of the centres themselves ie Independent Sexual Violence Advisors and Counselling.

For the services outlined in the table above, there is a mixed model of delivery between the NHS, the voluntary sector (multiple providers) and the private sector (Nurture). There are 3 different models of delivery in the 3 hubs. Moving forward, there is a need to ensure that all relevant procurement routes have been enabled.

As the agreed model is a number of years in to implementation, all partners deem it appropriate to revisit the service model in order to ensure it remains fit for purpose and delivers the most effective services for survivors of sexual assault in line with the aims and principles earlier outlined. Partners have committed to undertaking this work through dedicated workshops to take place during December 2025/January 2026. The work will inform the development of a joint service specification that will underpin all future commissioning activity.

3.3 Robust transition arrangements between the NHS Performance and Improvement Unit and the Joint Commissioning Committee

At the establishment of the Joint Commissioning Committee the commissioning of Sexual Assault Referral Centres was included in the Standing Orders (SOs) with commissioning responsibility being assumed from 01 April 2024, subject to handover of the commissioning aspects from the NHS Executive. Note the NHS Executive have also previously been responsible for the leadership and co-ordination of the broader Welsh Sexual Assault Service (WSAS) programme Board and associated governance framework.

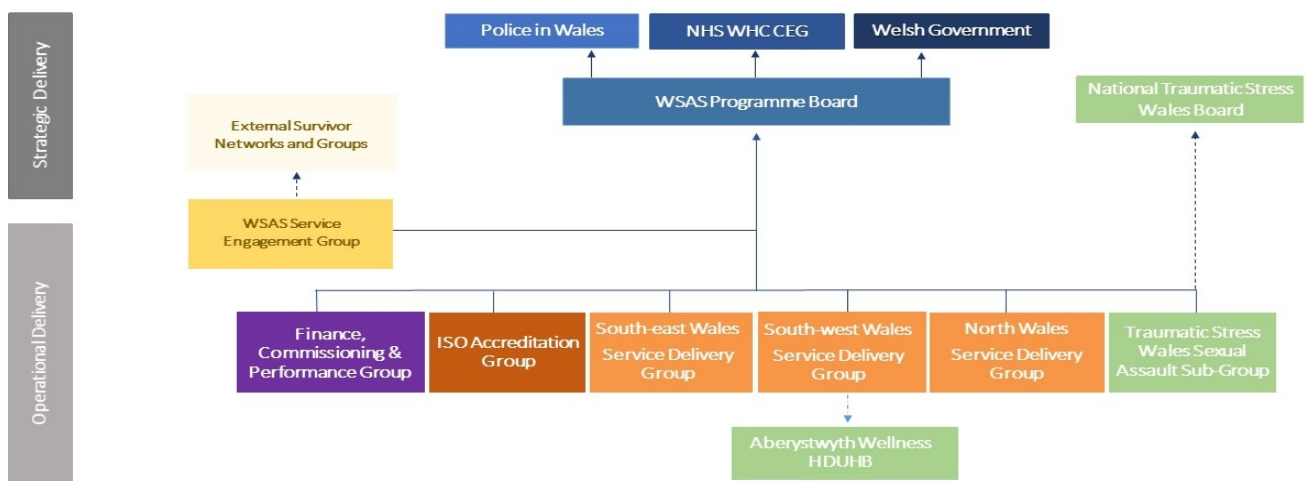
At this point of transition, the following actions remain outstanding with regards implementation of the service model:

- Development of an overall commissioning and performance framework for services of victims of sexual assault
- Development of a service specification for counselling and associated procurement
- Confirmation of the funding model beyond 2025/2026

There may also be actions assigned to this area through varying policy/strategy documents such as Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) and the National strategy for preventing and responding to child sexual abuse 2025-35, which at the time of writing need to be better understood.

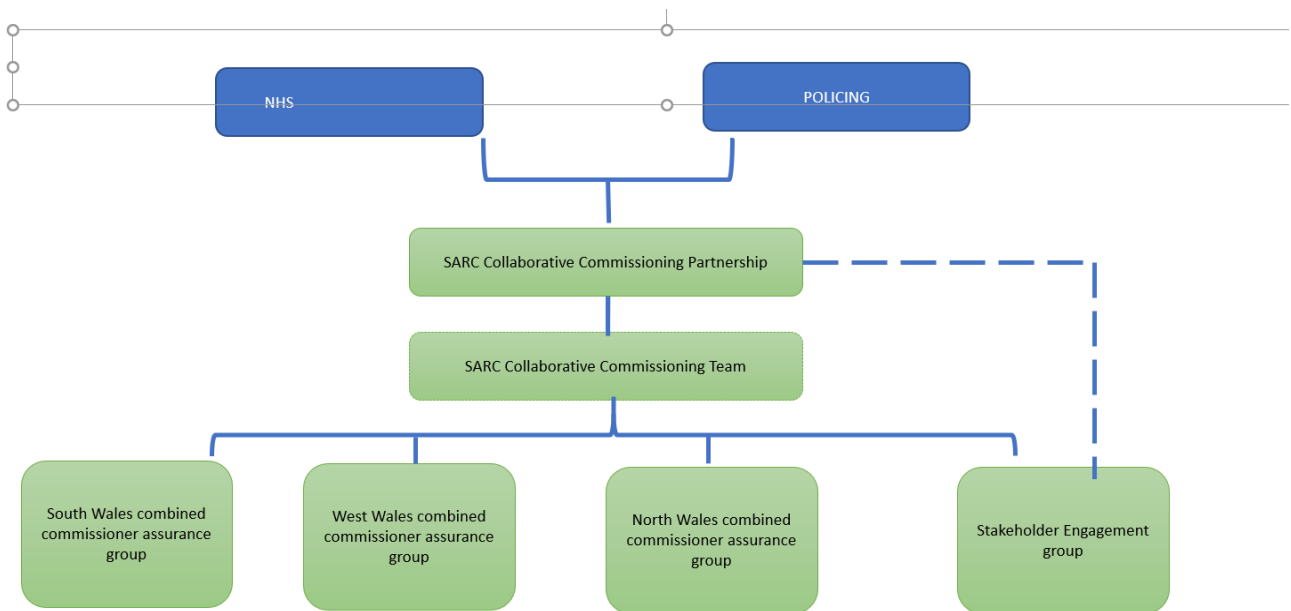
3.4 Governance and leadership

The SARC programme has been governed to date through a multi-faceted partnership governance structure as outlined below:



The governance structure in its intended form is not currently operating. At the point of transfer from the NHS Performance and Improvement Unit to the Joint Commissioning Committee, it appears timely to reconsider the most appropriate structure to support the effective and routine commissioning of services for survivors of sexual assault.

Discussions have taken place with the 3 Senior Responsible Officers (SROs) who have supported a move towards a partnership commissioning arrangement that strengthens a commissioner provider relationship however also supports the continued collaborative arrangements between the police and health sectors, and a strengthened survivor and stakeholder voice. This model is outlined below:



This arrangement would have the following benefits:

- Movement to routine commissioning
- A strengthened commissioner/provider arrangement
- Commissioner assurance against an agreed model of delivery
- Enhanced transparency on issues of finance and performance
- Development of a partnership agreement outlining roles responsibilities, finance and performance arrangements, as well as escalation/de-escalation arrangements for any areas of contention
- Consolidation of personnel working to commission services for people following sexual assault to form a virtual team creating the opportunity to consider issues of continued service development, finance, performance and quality
- Strengthened stakeholder and survivor voice through a dedicated stakeholder fora and development of a stakeholder engagement framework

Movement towards the model outlined above would introduce a commissioner provider split at Board level, and bring a more formal relationship for colleagues within health and the police to come together via the formation of a virtual commissioning team, this is the fora through which quality, finance, performance and future service development will be regularly received and reviewed.

It would however mean that the membership of the Welsh Sexual Assault Service Board would change, and this needs to be sensitively managed.

3.5 Funding model

There has been a historical funding model in place for SARC hubs, with a 50/50 split between Health and Police and a total investment of £2.6m. This covers some service delivery costs, and the programme infrastructure. There are however a range of other costs covered through alternate funding commitments (eg the SOE contract, the ISVA contract and Counselling).

There are no current arrangements for the funding model beyond 2025/2026 with current arrangements ending on 31st March 2026. There is some urgency to develop the future funding model, which will also be developed during December/January, and following the work to develop the service specification. Associated funding requirements will be included in the Integrated Medium Term Plan for consideration.

3.6 Performance arrangements

There is currently no combined performance framework for the commissioned services, and no single opportunity for all performance components to be viewed collectively, against an agreed service specification. The Performance and Information Unit currently collate NHS data as relates to the health components of the model, and the police collect and analyse all policing information. Through the development of a service specification outlined above, it is proposed that a joint performance framework is developed with the virtual commissioning team having regular opportunity to review data, and use this as the basis of future modelling, commissioning and evaluation.

There is no current performance capacity within the JCC for data collection and analysis, discussion as to how this is managed onward will need to take place between colleagues in the JCC and the Performance and Improvement Unit.

3.7 Staffing arrangements

Work to establish a detailed understanding of the staffing arrangements supporting delivery of the model will take place as part of the service specification development during December.

There is an early need to give consideration to the virtual commissioning team composition, in order to drive this work forward over coming months, with a view to implementing new commissioning arrangements by the turn of the financial year.

Previously the programme comprised funding for the following staff:

- Programme Director
- Clinical Lead/s
- Senior Project Manager
- Senior Project Support
- Programme Administrator

The two clinical leads for adult and paediatric remain in situ, as does part of the Senior project manager, (however they now have a different role and are only able to offer partial support on a temporary basis). Policing colleagues have employed on a secondment basis a SARC co-ordinator for all aspects of policing

contribution. It is anticipated that all other roles are required moving forward and will need to be appointed to at pace.

3.8 Summary

There is a need to move with pace to deliver on the full implementation of a Service model for survivors of sexual assault. It is timely to move towards routine Commissioning of these services, and to enable a governance model that best supports this approach. There remains substantial work to be undertaken to get to this position.

This report has set out the requirements to achieve this, as well as outlining specific information with regards the current stage of implementation, and requirements for a partnership agreement underpinned by a service specification, funding framework, performance framework and strengthened victim and stakeholder voice.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol -CBC / Link to JCC Strategic Objectives(s)	Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd	Choose an item.

<p>(<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) /</p> <p>Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)</p>	<p>All STEEEP principles apply</p>
<p>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)</p>	<p>Yes - Repurpose</p> <p>If more than one applies please list below:</p>

Impact Assessment		
<p>Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?</i> /</p> <p>Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
<p>Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb?</i> /</p> <p>Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
<p>Cyfreithiol / Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw da / Reputational</p>	<p>Yes (Include further detail below)</p> <p>Failure to work in partnership for the commissioning of these services would result in potential reputational damage for the JCC</p>	
<p>Effaith Adnoddau (<i>Pobl / Ariannol</i>) /</p> <p>Resource Impact (<i>People / Financial</i>)</p>	<p>Yes (Include further detail below)</p> <p>The plan will have implications for funding of services for survivors of sexual assault</p>	

5. RECOMMENDATIONS

Members of Joint Committee are recommended to:

- **Confirm** the transfer of responsibility for commissioning services for survivors of sexual assault from the NHS Performance and Improvement Unit to the Joint Commissioning Committee.
- **Note** the current position on implementation and confirm this as the handover position
- **Support** the movement towards routine commissioning of the service, and therefore a supporting governance and leadership framework
- **Support** the development of a partnership agreement between the health and policing systems
- **Support** the development of a service specification inclusive of a financial framework, performance management framework and a stakeholder engagement framework

6. NEXT STEPS

Subject to approval of the recommendations outlined above, immediate next steps include:

- A range of partnership workshops through December to develop the partnership agreement, service specification, finance, performance and stakeholder models.
- Development of terms of reference for the new commissioning partnership, virtual commissioning team and stakeholder reference group
- Establishment of new commissioning model from April 2026.