

Subject: SARC 24-7 provision

Originator: ACC Julie Dean

Decision no. 28/2025

Reason for submission: Proposed changes to SARC provision

Submitted to: PCC Sarah Taylor

Summary:

1. The current operating model sees each SARC operating for 12hrs (+3) with provision for acute Paediatric services Monday-Friday shared across the region with one 4hr cover period each Saturday.

NHSE England have identified the current provision of SARCs in the East of England is a national outlier and have requested 24/7 service be provided. This additional service will be funded by NHSE England.


The existing regional contract between the PCCs of Norfolk, Suffolk, Bedfordshire, Essex and Cambridgeshire needs to be varied to accommodate and confirm this change.

Recommendation:

Confirm the change the provision of SARCs in the East of England to an operating model across the region which will see services available to survivors 24/7, fully funded by NHS England. The location of this extended / out of hours service will be Cambridgeshire SARC based at Huntingdon.

Outcome/approval by: PCC

The recommendations as outlined above are approved.

Signature: 

Date: 01/07/2025

Detail of the submission

1. Objective:

- 1.1 NHEngland have identified that the current 12hrs (+3) provision of SARCs in the East of England is a national outlier and are proposing, fully funded by them, an operating model across the region which will see services available to survivors 24/7.

2. Background:

- 2.1 A new contract for the provision of SARCs in the Eastern Region began in April 2024 following a joint commissioning process with NHEngland. This saw a reprofiling of operating hours from 24/7 to 12 (+3) per day at each of the six locations – informed by detailed analysis of the demand at each location in Norfolk and Suffolk and a comprehensive programme of engagement in Cambridgeshire. This evidence-based decision enabled a service to be commissioned within the joint budget available at the time.
- 2.2 The seven-year contract, awarded to Mountain Healthcare following a transparent commissioning process, sees continued business and service continuity across all six SARC locations within the East of England.
- 2.3 Nationally, NHEngland work to a National Service Specification for SARCs which outlines key deliverables that NHEngland are required to support across the care pathway.
- 2.4 Crucial to NHEngland public health functions is that service parity is achieved across England, by specifying what core services need to be in place as well as providing regional population-based considerations. One of these services is a 24/7 functionality within SARC provision, acknowledging that providing timely attention and seeing individuals as soon as possible enhances the chances of good criminal justice and health outcomes.

3. Areas for consideration:

- 3.1 Aligned to their national service specification, NHEngland have committed to funding for the remainder of the current contract's initial term with Mountain Healthcare to provide 24/7 SARC coverage across the East of England.
- 3.2 At the heart of the proposal, from a collective Health and Policing perspective, are the best interest needs of victims to meet both forensic and patient choice requirements (both adult and paediatric).

- 3.3 Ongoing consultation on the proposals made by NHS England, have been governed through the Police and NHSE SARC Improvement Board. The board agrees that a 24/7 provision will enhance services offered to victims with consultation undertaken to identify a preferred operating model and location. The results of this consultation identified Cambridgeshire SARCs as the most suitable location regionally.
- 3.4 The proposed operating model, designed in conjunction with Mountain Healthcare, would see one designated SARC from the region operate a 24/7 service for both adult and child victims to undertake forensic and wellbeing-based medicals. The model also sees an increase in Paediatric provision with an additional acute service on both Saturdays and Sundays in recognition of the shorter forensic timescale.

4. Other options considered:

- 4.1 Initial consultation led to Cambridgeshire and Essex SARCs being initially considered as potential locations for the 24/7 SARC due to locations and usage. It was recognised that these respective forces would not be expected to provide resilience resources but that those attending would manage this directly with the contract provider.
- 4.2 Other operating models were considered including two 24/7 SARCs however these were discounted due to ongoing assessment of value for money, likely demand and best practice.

5. Strategic aims/objective supported:

- 5.1 Placing victims at the heart of the positive change, it is pivotal that Policing takes a proactive approach to the offer and ensures all victims are provided with parity of service, an opportunity which seeks to address their individual needs and a mechanism of ongoing survivor voices influencing future service provision. Clarity of purpose across the region from SARC Policing leads will be required and this is being progressed by ACC Dean on behalf of the region. Mountain Healthcare must ensure that self-referrals, whether forensic or holistic, are accepted aligned to victim needs including being seen out of hours.

6. Financial and other resource implications:

- 6.1 The current contract for the provision of SARCs in the Eastern Region was awarded on a 4+1+1+1 (seven-year) and NHS England have committed to fully funding the

increase in service until the end of the current contract's initial four-year term which ends (31/03/2028).

6.2 This commitment amounts to £856,000 per year across the region.

6.3 Whilst there would be no change to the end-to-end process for Mountain Healthcare, the proposals do mean direct changes to the Policing model when responding to victim needs through increased time, travel and asset use. At this time this demand cannot be estimated but a monitoring process will be implemented to ensure information is captured and analysed in each force and regionally.

7. Carbon Emissions and Other Environmental Implications:

Carbon Emissions

7.1 The estimated impact on our carbon emissions that must be reported under current statute from this proposal is:

Emission Categories:	Increase in tCO ₂	Saving in tCO ₂
Scope 1 – Fuel – Building Heating	0	0
Scope 1 – Fuel – Transport	0	0
Scope 2 – Electricity	0	0

Environmental Implications

7.2 No material implications

8. Other implications and risks:

8.1 Regional data from Quarter Three (October to December 2024) identifies that a total of 768 contacts were made to SARCs with an approximate conversion rate of advice to examinations of 40%. In this same period, out of hours requests (those from 2100-0900hrs) saw 28 Police led contacts and 18 self-referrals.

8.2 Since April 2024, there have been a total of 14 examinations across the region which have required use of the additional 3hr provision available within the current contract.

8.3 No operational or investigative risks have been identified because of the current model.

8.4 It is accepted that the current data set (and indeed that gathered during the original commissioning process) does not provide an evidence base that a 27/4 provision is required and raises queries over cost-effectiveness, however the proposal is centred on and must be viewed from the position of survivor choice and NHEngland national specifications with the main focus being on the availability of healthcare pathways for those using the SARC.

Originator checklist (must be completed)	Please state 'yes' or 'no'
Has legal advice been sought on this submission?	No
Has the PCC's Chief Finance Officer been consulted?	No
Have equality, diversity and human rights implications been considered including equality analysis, as appropriate?	Yes – part of analysis
Have human resource implications been considered?	Yes
Is the recommendation consistent with the objectives in the Police and Crime Plan?	Yes
Has consultation been undertaken with people or agencies likely to be affected by the recommendation?	Yes
Has communications advice been sought on areas of likely media interest and how they might be managed?	In part – work in progress
Have sustainability and environmental factors been considered? (e.g. biodiversity, employee commuting, business travel, waste and recycling, water, air quality, food and catering and estates construction)	No
In relation to the above, have all relevant issues been highlighted in the 'other implications and risks' section of the submission?	Yes

Is this report a Confidential Decision?

No

If Yes, please state reasons below having referred to the [PCC Decision Making Policy](#)

Approval to submit to the decision-maker (this approval is required only for submissions to the PCQ).

NOT PROTECTIVELY MARKED

Chief Executive

I am satisfied that relevant advice has been taken into account in the preparation of the report, that the recommendations have been reviewed and that this is an appropriate request to be submitted to the PCC

Signature:



Date: 23/06/2025

Chief Finance Officer (Section 151 Officer)

I certify that:

- a) there are no financial consequences as a result of this decision,
Or
- b) the costs identified in this report can be met from existing revenue or capital budgets,
Or
- c) the costs identified in this report can be financed from reserves
And
- d) the decision can be taken on the basis of my assurance that Financial Regulations have been complied with.

Signature:



Date: 23/06/2025

Public access to information: *Information contained within this submission is subject to the Freedom of Information Act 2000 and wherever possible will be made available on the OPCC website. Submissions should be labelled as 'Not Protectively Marked' unless any of the material is 'restricted' or 'confidential'. Where information contained within the submission is 'restricted' or 'confidential' it should be highlighted, along with the reason why.*