

Nottingham and Nottinghamshire Adult sexual violence hub and therapy service (Asa)

Report for Nottingham City Council Health and Social Care Scrutiny Panel 20 February 2025

Purpose of the report

1. This report has been written at the request of the Chair of Nottingham City Council's Health and Social Care Scrutiny Panel. It explains why the adult sexual violence hub and therapy support (Asa) service was co-commissioned, sets the service in the wider legislative and policy context for sexual violence, outlines what functions have been commissioned and are delivered by the provider, highlights service challenges and relevant developments and describes planned action to address challenges including re-commissioning of the service.

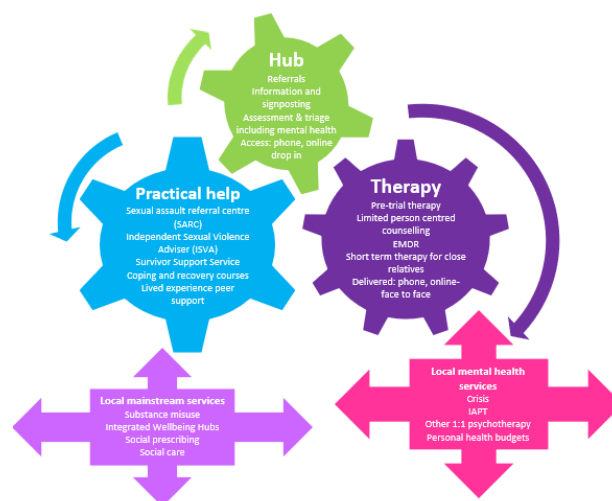
Introduction

2. In 2020, a new sexual violence hub and therapy service was co-commissioned by the Police and Crime Commissioner (PCC), Nottingham City and Nottinghamshire County Councils and the then clinical commissioning groups (now Nottingham and Nottinghamshire Integrated Care Board). The PCC was the lead commissioner and worked with providers and survivors of sexual violence on an open tender process, which resulted in the contract being awarded to Notts SVS Services. The service, which is called "Asa", provides a single point of contact for sexual violence survivors as well as specialist therapy. Notts SVS Services began delivery of the Asa service on 1 January 2021.
3. The core elements of the Asa service are funded by a three-way split between the PCC, local authorities and Integrated Care Board (ICB), with the local authority proportion split between the City and County Councils on a population basis. A partnership agreement is in place between the funders to govern the funding. Local authority and ICB funding and the contract are all due to expire in December 2025. Given this, the Office of the Police and Crime Commissioner (OPCC), the City and County Councils and ICB have begun working together under a joint sexual violence commissioning group to re-commission the service and to identify funding to continue the service. Procurement and funding decisions will be required by late spring 2025.
4. To clarify terminology, sexual violence describes any non-consensual sexual activity and includes any act by violence, coercion or manipulation, regardless of the relationship to the survivor and may include rape, sexual assault, incest, sexual exploitation, unwanted or inappropriate contact, sexual harassment, revenge porn, exposure, threats, stalking/cyber stalking. The impact of sexual violence on survivors' physical and mental health can be devastating and lifelong. Direct consequences include physical injury, mental ill-health, sexually transmitted diseases and in extreme cases death, which can result from either the act of violence itself or from acts of retribution such as honour-based killings or suicide.

Background

5. In 2018, the Independent Inquiry into Child Sexual Abuse (IICSA) conducted an inquiry into the abuse of children who were in the care of Nottinghamshire Councils¹. Over 400 survivors reported abuse to Nottinghamshire Police's Operation Equinox, which was set up to manage police reports in relation to child sexual abuse whilst in care. Some of the survivors who were involved in Nottinghamshire's IICSA Inquiry set up the CSA Survivor Group, which met regularly with local authority, health and policing senior political and corporate leaders to advocate for survivors. Survivors identified a need for significant improvement in sexual violence support services, particularly specialist therapy.
6. At that time, specialist sexual violence support services were fragmented, quality was variable and mainstream NHS services were not provided in a way that met survivors' needs. The OPCC led on activity to work with survivors from the CSA Survivor Group, local authorities and health representatives to identify need and develop a new model for support. During this process various new support offers were tested, including a specialist pathway through NHS commissioned talking therapies, a pathway accessed via GPs to secure individual funding requests and personal health budgets. Whilst some personal health budgets were successful, there was a need for greater support to be put in place. This was reflected in the City Council's IICSA Action Plan.
7. An independent needs assessment was commissioned which recommended that specialist therapy be put in place, together with a single point of contact for survivors, who were struggling with fragmented provision. Following discussion on the needs assessment, leaders recognised that greater support was needed and agreed to co-commission and co-fund a new hub and therapy service.
8. The OPCC and partner commissioners worked with the CSA Survivors Group to co-produce a new model (described below) for sexual violence services for all survivors which identified three specialist types of support:
 - a single point of contact (hub), to signpost, take and make referrals, conduct assessment including mental health triage and provide emotional support;
 - practical help, which included sexual assault referral centres (SARC), Independent Sexual Violence Advisers (ISVA) and lived experience support; and
 - therapy which would provide a range of tailored specialist therapy.

Adult sexual violence support in Nottinghamshire



¹ <https://www.iicsa.org.uk/investigations/sexual-abuse-of-children-in-the-care-of-nottingham-city-and-nottinghamshire-councils>

9. SARC and ISVA services were separately commissioned by NHS England and the PCC respectively. The model was shaped by survivors, who wanted to access a broad range of support through the hub and did not want a medicalised approach to be put taken, whilst recognising that clinical therapy was also needed.
10. After the City and County Councils, clinical commissioning groups and the PCC had agreed funding, the new therapy service was competitively tendered, with survivors working closely with commissioners throughout the tender process. Following formal approval processes, the contract was awarded to Notts SVS Services and delivery began in January 2021.

Current landscape

Legislative and policy landscape

11. There is a range of relevant legislation relating to the Asa service. The Victims and Prisoners Act 2024² includes a statutory duty for integrated care boards, local authorities and local policing bodies³ to collaborate with each other if they exercise victim support functions including providing or commissioning services for victims. The Duty is expected to go live in 2026. Just over half of reported sexual violence is within the context of domestic abuse, with local authorities having responsibility under the Domestic Abuse Act 2021⁴ to provide support to domestic abuse survivors. The Police, Crime, Sentencing and Courts Act 2022⁵ requires local authorities and other specified authorities to collaborate to prevent and reduce serious violence, including sexual violence, and a new duty under the Equality Act 2010⁶ requires employers to take reasonable steps to prevent sexual harassment of their employees, this includes new guidance on protection of staff.
12. Tackling violence against women and girls (“VAWG”), of which sexual violence is a part, is a national priority, with the Government having pledged to halve VAWG within a decade. A national VAWG Strategy 2021⁷ focuses on prevention, protection, prosecution, partnerships and research. The PCC and leadership of Nottingham City Council signed up to the VAWG Strategy in 2023.
13. NHS England’s Strategic Direction for Sexual Assault and Abuse⁸ sets out six priorities including strengthening prevention, promoting safety, safeguarding and protection, involving victims and survivors, introducing consistent quality standards, driving collaboration and ensuring a trained workforce. It also identifies specific commissioning responsibilities for health commissioners (mental health), PCCs (victims) and local authorities (specialist voluntary sector services). In addition, the Health and Care Act 2022⁹ stipulates that the ICB must exercise its functions with a view to securing that the provision of health services is integrated with the provision of health-related services of social care where it considers that this would improve the quality of services and reduce inequalities in access and outcomes.
14. Operation Soteria Bluestone¹⁰ is a national policing initiative which aims to transform how rape is investigated. There are five pillars:

² [Victims and Prisoners Act 2024](#)

³ In Nottinghamshire, the PCC is the relevant local policing body

⁴ [Domestic Abuse Act 2021](#)

⁵ [Police, Crime, Sentencing and Courts Act 2022](#)

⁶ [Equality Act 2010](#)

⁷ [Tackling violence against women and girls strategy - GOV.UK](#)

⁸ [NHS England » Strategic direction for sexual assault and abuse services](#)

⁹ [Health and Care Act 2022](#)

¹⁰ <https://www.npcc.police.uk/our-work/violence-against-women-and-girls/operation-soteria/>

- conduct suspect-focused investigations;
 - identify, disrupt and challenge repeat suspects;
 - procedural justice for victims;
 - officer learning and development and wellbeing; and
 - strong data-led approach.
15. Nottingham City Council supports the delivery of Operation Soteria Bluestone, reporting progress through the Nottingham Community Safety Partnership Board.
 16. The PCC's draft Police and Crime Plan, "A Safer Nottinghamshire for All", has three strategic priorities, one of which is tackling VAWG. Included within this, is a priority to ensure that victims get the help they need.
 17. Nottinghamshire's VAWG Strategy¹¹ includes five strategic pillars, one of which is to ensure that victims and survivors are supported. The Strategy is owned by all the local authorities in Nottinghamshire and the Integrated Care Board, as well as the PCC.

Governance arrangements

18. Nottingham has mature and effective domestic and sexual violence governance arrangements in place, which have set the context for a strong track record of joint responses to statutory duties. They have also enabled co-commissioning and pooled budgets in line with best practice and facilitated successful leveraging in of additional funding for local survivors from national Government departments and the NHS. Co-commissioning arrangements are set out in formal partnership arrangements underpinned by partnership agreements and have ensured that efficient, effective and joined up services are delivered to citizens across the City and County.
19. Community Safety Teams lead VAWG Strategy delivery within local authorities, reporting into an OPCC co-ordinated Delivery Group of public sector partners and with the City Council reporting on progress to the Leader at the Nottingham Community Safety Partnership Board.

Needs assessment

20. The OPCC's Insight Team conducted a mental, physical and sexual health, social and economic needs assessment for sexual violence and service provision in Nottinghamshire in June 2024. Extrapolated statistics from the Crime Survey for England and Wales for Nottinghamshire (including the city) indicate that 22,740 people (0.45% of the population) aged between 16 and 59 experienced sexual violence including indecent exposure in the year ending March 2023. There is a large gap between estimated prevalence and reported crime, with 150 adults reporting non recent sexual violence to Nottinghamshire Police in 2023, a 25% increase on the previous year and 1,704 adults reporting recent sexual violence in the same year. Over half (51%) of sexual violence reports were linked to domestic abuse and 8% of survivors were linked to 20% of the volume of offences. Asian women were significantly under-represented in police reports in Nottingham city.
21. Academic research sets out the significant long-term negative impact on survivors of sexual violence and abuse, including the most vulnerable adults, who have unmet needs which impact on wider local statutory services and communities. Negative impact can be exacerbated by agency responses: clearly, sexual violence is never the fault of victims and survivors, but rape myths and lack of understanding about domestic abuse can result in victim-blaming and secondary victimisation. All support for sexual violence survivors therefore needs to be delivered within a contextual understanding of domestic abuse and sexual violence, delivered by support workers and therapists who understand the interaction between survivors' perceptions of what has happened and perpetrator and societal views about sexual violence.

¹¹ [Notts VAWG Strategy 2023-2028- Final](#)

This learning contributed to the basis for the City Council's Leadership decision to fund commissioning of a service for survivors.

Current public sector funded specialist sexual violence services

22. The Asa service must be seen in the context of wider adult sexual violence support services. Appendix A outlines all the public sector commissioned adult specialist sexual violence services funded in 2024-5, what support they offer and how they are funded. In addition to commissioned specialist sexual violence services, the PCC provides a small grant to SHE UK to deliver peer support and counselling in Mansfield.
23. Referrals to SARCs rose from 404 in 2021/2 to 538 in 2022/3, of which 303 survivors received a forensic examination. The adult ISVA service received 776 referrals in 2023, which was similar to the previous year. Referrals to the adult ISVA service have remained largely stable although survivors are in the service for longer because of court delays.
24. Whilst not the focus of this paper, the PCC, County Council, ICB and NHS England also invest significant funding into specialist support services for children across the city and county who have experienced sexual violence and abuse. In addition, the partnership funding arrangements for adult sexual violence support must be considered as part of the wider funding landscape for domestic abuse, given that over half of reported sexual violence is within a domestic abuse context. As part of co-commissioning arrangements led by the City Council, the PCC contributed approximately £550k of funding in 2024-5 into specialist domestic abuse support in the city, as well as providing domestic abuse grant funding of £160k to grassroots organisations.

Outline of the Asa service

25. The Asa service has two distinct elements – the hub and specialist therapy through which survivors can access a range of emotional and wellbeing support offers. The hub receives referrals, conducts assessments and takes safeguarding action, referring into ISVA, domestic abuse, substance use and other services. It provides emotional support through the helpline and emails and offers drop-in sessions with a counsellor. An NHS England funded Mental Health Practitioner employed by Nottinghamshire Healthcare NHS Foundation Trust is seconded into the hub and provides mental health assessments, risk management and stabilisation support for survivors with the most complex needs. The Asa service received 1,133 referrals in 2023, a small increase from the 1,101 received in 2022. 55% were self-referrals and 15% of referrals came from health. The provider has recently positively and significantly increased engagement from survivors from under-represented groups.
26. Survivors who wish to access therapy receive a clinical needs assessment and if appropriate can then access person-centred counselling, which may include elements of cognitive behavioural therapy and EMDR (eye movement desensitisation regime). Therapy is tiered with the number of sessions directly informed by need and is provided on a three-stage model: stabilisation, processing and reintegration. The stabilisation phase focuses on symptom management, increasing emotion regulation skills and addressing current stressors. The trauma-processing phase is focused processing of traumatic memories, and the reintegration phase re-establishes social and cultural connections and addressing personal quality of life. During 2023, 263 survivors received therapy. Therapy outcomes are assessed through the Outcomes Star¹² and the CORE-10 (Clinical Outcomes Routine Evaluation)¹³, both of which are validated outcomes frameworks. The service has reported a consistent rate of 80% positive outcomes as measured by CORE-10.

¹² [Outcomes Star™ transforms lives and services | Triangle](#)

¹³ [Information about the CORE-OM : Clinical Outcomes in Routine Evaluation \(and CST\)](#)

27. In addition to the three-stage therapy model, some survivors whose cases are going through the criminal justice system also access pre-trial therapy, which offers shorter term stabilisation therapy that complies with the Crown Prosecution Service's pre-trial therapy guidance¹⁴. Emotional support and therapy are also provided for survivors' close relatives. In addition, the Asa service offers an online "Creating Safety" on-line self-help course and a "Beyond Survival" peer support course for those who have completed therapy which empowers survivors to build trust and resilience.

Waiting list for therapy

28. The service has had a waiting list from its inception, but this has grown over the life of the contract from around 8 months for the longest wait to over 2 years. It has largely stabilised in recent years, with the needs assessment finding that, during 2023, there were an average of 665 survivors on the waiting list, similar to the previous year. On 30 September 2024, 656 survivors were on the waiting list, with the estimated longest wait to start therapy being 2 years. There are several factors contributing to the increased waiting list. Covid, plus the subsequent increased focus on improving mental health services helped to create national counsellor recruitment difficulties, with specialist sexual violence support therapists facing additional retention challenges in relation to managing vicarious trauma. The provider reports that survivors are presenting with increased complexity and that the delays in the court system are having a negative impact, particularly on the ISVA service but also on the therapy wait times, because of the negative impact of court delays and the need to follow pre-trial therapy guidance.
29. A health led quality visit to the service in 2021 identified that more support needed to be put in place for survivors on the waiting list and in 2022 the PCC secured more funding from Ministry of Justice (MOJ) to pay for additional waiting list support. The PCC now provides £175k of funding each year (due to expire in March 2026) for further support which aims to stabilise survivors' mental health through additional drop ins and mindfulness group support for survivors on the therapy waiting list.
30. During 2024 and with commissioners' agreement, Notts SVS Services established clearer and shorter time limits on therapy based on clinical need. Commissioners worked with Notts SVS Services to increasingly structure their stabilisation and emotional support to survivors on the waiting list for therapy. Monitoring of the service during this time has indicated that positive outcomes have been maintained. However, whilst the waiting list has largely stabilised, waiting list times have not reduced as hoped. It is clear that further action needs to be taken.

NHS England Sexual Violence Pathfinder

31. In 2023, the PCC and ICB successfully bid for NHS England sexual violence Pathfinder funding, which aims to put more support in place for survivors with complex mental health needs and to bring specialist sexual violence and NHS mental health services closer together. The Pathfinder funding pays for the Mental Health Practitioner who is embedded into the Asa service. In addition, Pathfinder funding will also pay for two Recovery Coaches, who will be employed by Mind and seconded into Notts SVS Services. The Recovery Coaches are mental health trained practitioners who will offer a fixed course of 1:1 stabilisation support to survivors with the highest CORE-10 scores. Whilst working closely with Notts SVS Services, the Recovery Coaches will also sit within Mind's wider recovery and stabilisation service, which has been commissioned by Nottinghamshire Healthcare NHS Foundation Trust and has been shown to reduce the need for therapy. As Notts SVS Services has identified that around 33% of therapy sessions provided are stabilisation, Notts SVS Services, Mind and commissioners believe that having a dedicated stabilisation service in place for survivors will both reduce

¹⁴ [Pre-Trial Therapy | The Crown Prosecution Service](#)

survivors' need for therapy, (either by reducing the length of time in therapy or not needing it at all) and free up therapists to support more survivors from the waiting list. The Recovery Coach service is being mobilised at the time of writing and will begin delivery on 1 April 2025. It is therefore not included in the list of services provided in Appendix A, which refers to 2024-5 funded services.

Funding sustainability, contract expiry and recommissioning

32. From January 2026, the funding picture for sexual violence support services is uncertain. The PCC's funding for the Asa service and the waiting list support comes from Ministry of Justice as part of its devolved "Sexual Violence Test Area" pilot. The pilot expires in March 2026. Only five PCCs in England receive Sexual Violence Test Area funding, with the remainder being directly awarded by MOJ to the third sector via a competitive grants process. MOJ is reviewing the scheme and has indicated that it may re-centralise this funding from 2026. In addition, the PCC is currently projecting a loss of £2.3m of his national funding for victims in April 2026, which is over 46% of his overall victim support budget. Whilst support for victims is a PCC priority, it will be impossible to sustain the same level of service if budgets are halved. Partner funding is also insecure, with City and County Council and ICB funding for the service due to expire in December 2025, and all partners facing budget challenges of varying severity.
33. The PCC's contract with Notts SVS Service is due to expire in December 2025 and no further extension options are provided within the contract. If the service is to continue, a procurement strategy must be agreed and implemented by the summer of 2025. To inform the recommissioning and the procurement strategy, funders will be required to make decisions about future funding by the spring of 2025. The OPCC is already taking advice on the best way to manage the funding uncertainty and planned action to reduce waiting list times, whilst also complying with procurement rules.

Evidence base and benchmarking

34. To inform both waiting list management and a future delivery model for therapy, the ICB conducted an evidence search in late 2024 to identify the best evidence-based therapeutic interventions for people who have experienced sexual violence and for those that present with complex mental health needs. The results confirm that:
 - the three-stage therapy model which has been commissioned is supported by evidence;
 - providing specialist support to build trust in services and support emotional and wellbeing stabilisation for those with complex PTSD enables survivors to benefit from therapeutic interventions; and
 - having an embedded Mental Health Practitioner improves access to mental health clinical services.
35. None of the other PCCs in the East Midlands co-commission with local authorities and the ICB in the same way. The model has been seen as good practice by other PCCs and ICBs, which aided the PCC's application for MOJ Sexual Violence Test Area funding and the additional funding from MOJ for the waiting list and strengthened the PCC and ICB's Expression of Interest for the NHS England Pathfinder money. We have worked with other Pathfinder areas to share and incorporate learning from their services into our plans for improved local delivery, particularly as to how to support complexity and stabilisation.

Action planned

36. Action is planned both to reduce the waiting list and to recommission the service. Commissioners and Notts SVS Services agree that therapy waiting times are too long. Whilst action has been taken to ensure the provider is only extending the number of therapy sessions when really needed, and to ensure therapy is tightly defined, these measures have not reduced the waiting list and further action is required.
37. The therapy delivered already aligns to best available evidence and the new Recovery Coach service is anticipated to reduce the demand for therapy in the longer term. Commissioners believe it may be necessary to change how the service offer is made to survivors and has asked Notts SVS Services to develop a proposal to reduce waiting times which will be discussed with commissioners in late February. The proposal will implement learning from NHS mental health services and other Pathfinder areas, which suggests that all other support options should be tried before therapy is offered, unless there are mitigating circumstances, and that therapy is offered to survivors with the highest CORE-10 scores. This will entail a move from a blanket therapy offer to a more nuanced offer targeted at the survivors with the greatest need.
38. The need for the service is demonstrated by the OPCC's Sexual Violence Needs Assessment and the evidence search results. It therefore requires recommissioning. As part of the recommissioning process, commissioners will consider how best to remodel the service whilst remaining evidence-based and outcomes focused. Service remodelling will determine its likely cost and what funding will be required from individual funders. The OPCC currently believes that the service remodelling is unlikely to reduce overall funding demand, rather that the funding may need to pay for slightly different activity. Therefore, funding efforts should be focused on sustaining existing funding, with some consideration as to whether levels can be increased to meet additional unmet need. Service recommissioning must begin in March, with funding commitment from all partners required before implementation of the agreed procurement approach in May/June 2025. Given individual partners' approval processes, this may require partners to begin approvals now. In line with best practice for commissioning and to enable long-term planning, funding commitments should ideally be agreed for between three and five years.

APPENDIX A: Commissioned adult specialist sexual violence support services

Service*	Provider	Detail	Funder	Funding contribution £pa	Total cost of service £pa	Note
Sexual assault referral centre (SARC)	Mountain Healthcare Ltd	Acute service providing crisis and emotional support, forensic examinations, access to mental, sexual and physical health services	NHSE (lead commissioner)			
			PCC			
Independent Sexual Violence Adviser (ISVA)	Notts SVS Services	Provides practical and emotional support and advocacy, including through the criminal justice system.	PCC (lead commissioner)	436,710.00	486,710.00	£266k MOJ funding expires March 2026
			Nottinghamshire County Council	50,000.00		Funding expires December 2025
Survivor Support Service	Notts SVS Services	A distinct long-term ISVA service for survivors who were abused as children in the care of authorities	PCC (lead commissioner)	22,223.00	66,667.00	
			Nottingham City Council	22,222.00		Funding expires December 2025
			Nottinghamshire County Council	22,222.00		Funding expires December 2025
Hub and therapy (Asa)	Notts SVS Services	Single point of contact, access to mental health assessments, emotional support, specialist therapy.	PCC (lead commissioner)	317,829.00	949,495.00	£301k of MOJ “test area” funding expires March 2026
			Nottingham City Council**	90,185.00		Funding expires December 2025
			Nottinghamshire County Council	225,648.00		Funding expires December 2025
			Nottingham and Nottinghamshire ICB	315,833.00		Funding expires December 2025
Therapy waiting list support	Notts SVS Services	Group support and drop for survivors on the therapy waiting list	PCC (lead commissioner)	174,000.00	174,000.00	Funding expires March 2026
Mental Health Practitioner	Nottinghamshire Healthcare NHS Foundation Trust	Mental health practitioner seconded into the hub and therapy service to manage high risk cases and conduct mental health assessments.	PCC (lead commissioner)	72,929.00	72,929.00	NHS England Pathfinder funded via PCC

* all services cover Nottingham and Nottinghamshire

** Nottingham City’s Council’s annual agreed contribution is shown. The actual contribution in 2024-5 is lower, as more funding was paid upfront