

## 5. Service Models and Service Ethos

A robust options appraisal process (informed by best practice and the views of people with lived experience) was carried out in spring 2018 under the remit of the CMO Taskforce. A wide ranging stakeholder event was then held to determine the optimal model and configuration of forensic medical and healthcare services for Scotland. These were agreed by the Taskforce in August 2018.

The recommended model of service delivery is for multi-agency co-ordinated services for adults, children, and young people who have experienced rape and sexual assault.

This option provides greater opportunities to co-locate health services with other agencies and partners to help deliver a holistic, smooth pathway and the highest quality of care, treatment, and support (which meet the Healthcare Improvement Scotland standards). For example, social care, criminal justice, advocacy, and third sector services for the individual and their family all under the one roof. All services should aspire to deliver this model in a way that is both sustainable and best meets the needs of their locality. This may mean a co-ordinated, multi-agency service but not necessarily delivered from the same physical space.

The recommended configuration of services was for local services delivered as close as possible to the point of need, supported by a Centre of Excellence. The clear principle is that services should firstly be accessed locally in a facility appropriately equipped to provide the highest quality of service to meet the national Healthcare Improvement Scotland standards and as far as possible, in line with the model of service delivery outlined above (i.e. multi-agency approach).

Whilst it has not yet been decided what the services will be called, it is envisaged that a 'Centre of Excellence' would provide a dedicated specialist team (although not necessarily in one location) that can provide forensic medical and healthcare services to its locality, as well as support for services in surrounding localities / health boards in relation to education/training, peer review and support, best practice advice and guidance for example. Work is underway to determine the exact detail of what that support will look like.