

DMPC Decision – PCD 1096**Title: Extension to IRISi Programme****Executive Summary:**

In September 2019, social enterprise, IRISi, were granted £1,000,000 (profiled over 2019/20 and 2020/21) to scale-up their GP domestic abuse identification and training programme, IRIS (DMPC Decision reference PCD 634). The programme promotes and improves the health care response to gender based violence in London, through work with local partners. The VRU's funding increased IRISi's delivery across London by 70%, enabling the service to reach an additional 7 boroughs until the end of 2020/21.

During the lockdown, IRISi had innovatively adapted the IRIS programme, training and referral processes, to allow for a remote service with GP surgeries. IRISi were unable to deliver the full IRIS programme until lockdown and social distancing measures had been lifted, and 'normal' primary healthcare services had resumed. Therefore, IRISi were granted a further £314,000 to enable clinicians and survivors across 7 boroughs to be supported for a full 12 months to March 2022.

VRU stakeholder feedback has highlighted the need for continued support for survivors and patient facing health care workers within GP but also other health settings. IRISi have evidence from 7 years' of data that nationally the average percentage of IRIS service users that were aged 25 and below is just over 14%.

Data from Public Health England has indicated that young women aged between 16-25 have confidence in attending sexual health clinics, indicating that these settings may enable survivors to more confidently disclose domestic violence or abuse.

This funding will deliver the evidence based ADVISE programme in sexual health clinics in selected boroughs, scope support work in other health care settings, as well as continue the IRIS programme in GP settings in the capital. The VRU will be working closely with the provider to ensure effective monitoring of the impact of the services.

Recommendation:

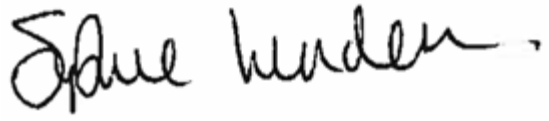
The Deputy Mayor for Policing and Crime is recommended to:

- Approve a grant extension of £850,000 to fund IRISi for an additional year. This brings the total grant funding to IRISi for this programme to £2.3m.
- To approve up to £70,000 underspend which is funded from existing available 2021/22 commissioning budget to be carried forward into next financial year.

Deputy Mayor for Policing and Crime

I confirm I have considered whether or not I have any personal or prejudicial interest in this matter and take the proposed decision in compliance with the Code of Conduct. Any such interests are recorded below.

The above request has my approval.

SignatureA handwritten signature in black ink, appearing to read "Spivey Henderson", is written over a light gray rectangular background.**Date****9/02/2022**

PART I - NON-CONFIDENTIAL FACTS AND ADVICE TO THE DMPC

1. Introduction and background

- 1.1. In September 2019, social enterprise, IRISi, were granted £1,000,000 over 20/21 and 21/22, to scale-up their GP domestic abuse identification and training programme, IRIS. (DMPC Decision reference PCD 634). The programme promotes and improves the health care response to gender based violence in London, through work with local partners. The VRU's funding increased IRISi's delivery across London by 70%, enabling the service to reach an additional 7 boroughs until the end of 2020/21.
- 1.2. Delivered as a partnership between healthcare and the specialist violence against women and girls (VAWG) sector, IRIS is an evidence based, domestic violence and abuse (DVA) programme for general practice. The intervention has been tested and positively evaluated in randomised controlled trials (RCTs), and is recognised as an effective programme to support clinicians in general practice to recognise and respond to their patients affected by DVA. IRIS programmes have demonstrated cost savings for both the NHS and society.
- 1.3. The IRIS programme consists of:
 - Training of primary healthcare staff by Advocate Educators (AEs) from a local VAWG organisation and local practising GP, the IRIS Clinical Lead, to increase awareness of DVA and therefore identification rates
 - Women identified as being affected by or at risk of DVA being referred directly to the AE for ongoing support (men and children signposted to appropriate service).
- 1.4 The ADViSE Programme:
 - ADViSE is IRISi's adapted IRIS programme for sexual health clinics. IRISi have found that women affected by DVA visit sexual health clinics for treatment of sexually transmitted infections (STIs), terminations of pregnancies and contraception.
 - They have also found that for many women, coercion and control around their reproductive and sexual health is very much part of the abuse they experience right from teenage years upwards.
 - ADViSE works to the same core principals of health and the specialist sector working in partnership to improve the response to Violence Against Women, Domestic Abuse & Sexual Violence. Funding is required in each area to recruit and employ a local Advocate Educator based in a local, specialist VAWDASV service who then works with a Clinical Lead who is a sexual health consultant in a local sexual health clinic.
 - The proposal is to use funds towards 6 months planning and costing a roll out selected clinics in London and 6 months delivery.

- Investing in IRIS programmes is a crucial part of the VRU's public-health approach to address the root causes of violence, as well as the impact. The programme is due to end in March 2022, with current delivery disrupted by the covid-19 pandemic.
- The decision requests DMPC approval for the carry forward of up to £70k underspend which is funded from existing available 2021/22 commissioning budget.
- The decision requests DMPC approval for the allocation of a further £850,000 to implement and run the evidence based ADViSE programme in selected sexual health clinics in selected boroughs, and scope health-based violence prevention and support work in other health care settings in the capital. And to also implement and run the IRIS flagship programme in four new sites using IRISi's usual recruitment and selection process for delivery partners and where there is health buy in

2. Issues for consideration

- 2.1. The COVID-19 pandemic has disrupted delivery of IRIS in the VRU funded 7 boroughs. The programme sits wholly within Health, specifically General Practice, which has been significantly impacted and resources stretched by the covid-19 pandemic. Prior to covid-19 containment measures coming into effect, IRISi were able to launch phase 1 of IRIS, and have begun delivery of an adapted programme, including virtual training for Advocate Educators [AEs], webinars for general practice teams and setting up referral pathways to the AEs.
- 2.2. VRU stakeholder feedback has highlighted the need for support for survivors and patient facing health care workers during the covid-19 crisis and beyond. An expected increase and intensification of DVA during lockdown was widely documented by services and the wider community in early March 2020; as lockdown has progressed, police and third sector partners have since validated these concerns as reports to their services have increased. Clinicians have shared that they need practical advice on supporting patients at all risk levels [both survivors and perpetrators] via telephone and video conference consultations, and clear referral pathways to specialist DVA patient support.
- 2.3. During the lockdown, IRISi have innovatively adapted the IRIS programme, training and referral processes, to allow for a remote service with GP surgeries. IRISi will be unable to deliver the full IRIS programme until lockdown and social distancing measures have been lifted, and 'normal' primary healthcare services have resumed. It is anticipated that there will be an increase in demand for DVA support once lockdown measures are lifted, however, without an extension, the IRIS programme is due to end in March 2021 and therefore will not be in place to meet the anticipated post covid-19 demand.

3. Financial Comments

- 3.1. The additional £850,000 funding to extend the IRIS programme and pilot the ADViSE programme will be funded from the VRU's Mayoral Core 2022/23 budget. The carry forward of up to £70,000 from 2021/22 budget (due to emerging COVID vaccination pressures on GP surgeries) into 2022/23, will be used to add to the locations where the current IRIS programme operates.

4. Legal Comments

- 4.1. Paragraph 4.8 of the MOPAC Scheme of Delegation and Consent provides that the Deputy Mayor for Policing and Crime (DMPC) has delegated authority to approve:
- 4.2. Approve bids for grant funding made and all offers made of grant funding; and/or where appropriate a strategy for grant giving.
- 4.3. The strategy for the award of individual grants and/ or the award of all individual grants whether to secure or contribute to securing crime reduction in London or for other purposes.

5. Commercial Issues

- 5.1. The commercial approach will be an extension to the existing grant agreement.
- 5.2. VRU is seeking approval to grant an extension of £850k to fund IRISi for an additional year (12months) and to approve up to £70k underspend which is funded from existing available 2021/22 commissioning budget to be carried forward into next financial year.
- 5.3. The MOPAC has a range of specific responsibilities for commissioning services and the award of grants, and MOPAC Officers must follow the appropriate supplementary guidance in these areas. Notwithstanding this, the MOPAC must always:
 - 5.3.1. ensure it has the appropriate budget and approvals to proceed consistent with the delegated authorities set out in the Scheme of Delegation and Consent; and
 - 5.3.2. adhere to the Public Contracts Regulations 2015 or any re-enactment or modification thereof.

6. Public Health Approach

- 6.1. London's Violence Reduction Unit (VRU) is taking a public health approach to violence reduction, that is contextual; looking at the context and influences that impact on individuals at significant points in their life.
- 6.2. Three key areas which are being focussed on as part of this approach are:
 - Children and Young People – reducing Adverse Childhood Experiences and building resilience

- Families and Home – Support & enable families to nurture and protect young people
 - The VRU have developed an enhanced focus on Violence Against Women & Girls, as guided by the Young Person's Action Group who steer and support the activity of the VRU.
- 1.1. The funding of the IRIS programme ensures General Practice staff are trained to identify signs of domestic abuse and refer female victim-survivors on for support from Advocate Educators from specialist women's organisations.

7. GDPR and Data Privacy

- 7.1. As this is an extension to an existing project, there are no changes to GDPR implications.

8. Equality Comments

- 8.1. The VRU have prioritised tackling violence against women and girls (VAWG), recognising that women and girls are disproportionately affected by intersecting domestic abuse, sexual violence and exploitation, and the significant impact such violence has on children exposed to it. The investment in IRIS reflects this prioritisation and supports the Mayor's Violence Against Women and Girls Strategy.

9. Background/supporting papers

- 9.1. The VRU had commissioned IRISi to deliver the IRIS programme across 7 boroughs in London. The IRIS programme is the VRU's flagship VAWG programme as it supports with our public health approach to violence reduction by supporting women experiencing Domestic Violence and Abuse.
- 9.2. The intended outcomes of the IRIS in 7B programme are:
- Training practice teams – resulting in clinicians from those trained practices recognising patients affected by DVA, asking them about it, risk checking and then referring their patients into the IRIS service
 - Direct referrals from practices to advocate educators (AE) for patients experiencing DVA to receive support and advocacy
 - Learning approach: About what works and what does not work in the context of each borough and local needs.
 - Engagement of stakeholders to consider a future Pan London roll out and sharing recommendations to them via external evaluation, survivor consultation and the data [both qualitative and quantitative] to be collected over the course of the programme.
- 9.3. There are a number of different independent research which have been carried out based on the IRIS Programme, please refer to the two below links. The first looks at the "Impact of IRIS from Research trial to Commissioned Programme" and the second is focuses on The Markov model-based cost-effectiveness analysis.

https://irisi.org/wp-content/uploads/2019/11/Taylor-Impact-of-IRIS_SAFE_issue57sm.pdf

https://irisi.org/wp-content/uploads/2019/11/Cost-effectiveness_BMJ-Open-2012-Devine-FINAL.pdf

9.4. Apart from the above two links please see below a snapshot of the impact across the seven boroughs since 2019. The below table indicates a gradual increase in referrals over the year since 2020.

Summary

- Total practices trained [to end of Dec 2021]: 107 surgeries
- Total no. of referrals in from clinicians [to end of Dec 2021] : 710 patients
- 52% of the women experiencing DVA who received support from IRIS, had children under 18
- GPs are usually responsible for safeguarding children and referring to Child Social Care [CSC]. Enhanced safeguarding is provided by the AE role and through IRIS in 7B the AEs supporting the women experiencing DVA, have made 62 direct referrals to CSC

Quantitative data

			PATIENTS REFERRED INTO IRIS SERVICE BY GPs											
			YEAR 1 SET UP		YEAR 2 MOBILISATION AND DELIVERY				YEAR 3 DELIVERY			CLOSING		
	Borough	No. of general practices targeted for training by the Advocate Educators and under the agreed footprint [i.e. for them to support a max. of 400,000 patient population]	Q3 2019	Q4 2020	Q1 2020	Q2 2020	Q3 2020	Q4 2021	Q1 2021	Q2 2021	Q3 2021	Q4 2021	TOTAL	
Phase 1 sites launched in Q1 2020 [Feb/March 2020], Delivery began April 2020	Tower Hamlets*	36			27	45	51	48	47	56	56		330	
	Croydon	48			0	1	2	24	25	25	20		97	
	BnD	33			0	0	5	17	17	28	14		81	
Phase 2 sites launched in Q4 2020 [Oct/Nov 2020], Delivery began Jan 2021	BRENT	51						1	9	5	18		33	
	EALING	25						5	8	19	11		43	
	H&F	27						9	15	26	33		83	
	WEST	33						7	13	8	15		43	
													710	

*Tower Hamlets is the only site out of the 7 boroughs that has had the IRIS service in the past. All others are brand new IRIS sites.

FULLY IRIS TRAINED PRACTICES

FOLEY AND TRAINED PRACTICES														
	Borough	No. of general practices targeted for training by the Advocate Educators and under the agreed footprint [for them to support a max. of 400,000 patient population]	YEAR 1 SET UP		YEAR 2 MOBILISATION AND DELIVERY				YEAR 3 DELIVERY			CLOSING		
			Q3 2019	Q4 2020	Q1 2020	Q2 2020	Q3 2020	Q4 2021	Q1 2021	Q2 2021	Q3 2021	Q4 2021	TOTAL	
Phase 1 sites launched in Q1 2020 [Feb/March 2020], Delivery began April 2020	Tower Hamlets	36			0	0	2	1	6	3	3		15	
	Croydon	48			0	0	1	9	10	2	0		22	
	BnD	33			0	0	2	3	1	0	1		7	
Phase 2 sites launched in Q4 2020 [Oct/Nov 2020], Delivery began Jan 2021	BRENT	51						0	9	2	1		12	
	EALING	25						1	9	3	4		17	
	H&F	27						0	11	8	3		22	
	WEST	33						2	3	5	2		12	
													107	

*Fully trained = Clinical session 1 and Clinical session 2 completed by clinicians [2 x 2 hour training sessions on DVA] and Non-clinical staff completed Reception and Admin training.

NB Once clinicians have completed clinical session 1 they can start referring i.e. partially trained surgeries can refer in - this table does not include partially trained numbers.

Public access to information

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FOIA) and will be made available on the MOPAC website following approval.

If immediate publication risks compromising the implementation of the decision it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary.

Part 1 Deferral:

Is the publication of Part 1 of this approval to be deferred? No

If yes, for what reason:

Until what date: N/A

Part 2 Confidentiality: Only the facts or advice considered as likely to be exempt from disclosure under the FOIA should be in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a **Part 2** form – No

ORIGINATING OFFICER DECLARATION

Tick to confirm statement (✓)

Financial Advice

The Strategic Finance and Resource Management Team has been consulted on this proposal.

✓

Legal Advice

Legal advice is not required.

✓

Equalities Advice:

Equality and diversity issues are covered in the body of the report.

✓

Public Health Approach

Due diligence has been given to determine whether the programme sits within the Violence Reduction Unit's public approach to reducing violence.

✓

Commercial Issues

This is an extension to the original Agreement – due to nature of reason for request no challenge from the marketplace is anticipated.

✓

GDPR/Data Privacy

- A DPIA is not required.

✓

Director/Head of Service

The Assistant Director of VRU has reviewed the request and is satisfied it is correct and consistent with the MOPAC's plans and priorities.

✓

Chief Executive Officer

I have been consulted about the proposal and confirm that financial, legal and equalities advice has been taken into account in the preparation of this report. I am satisfied that this is an appropriate request to be submitted to the Deputy Mayor for Policing and Crime.

Signature



Date 4/2/2022