

DMPC Decision – PCD 787**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. 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.

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.

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 2020 and therefore will not be in place to meet the anticipated post covid-19 demand.

The decision requests DMPC approval for the allocation of a further £314,000 to be awarded to IRISi to fund an extension of the IRIS programme for an additional 12 months. This will enable clinicians and survivors across 7 boroughs to be supported for a full 12 months after the covid-19 pandemic, to March 2022, and the programme be independently evaluated, as initially planned.

Recommendation:

The Deputy Mayor for Policing and Crime is recommended to:

- Approve a grant extension of £314k to fund IRISi for an additional year. This brings the total grant funding to IRISi for this programme to £1.3m.
- To approve the £314k is funded from existing available 2020/21 commissioning budget, which is 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.

Signature

Date

20/7/20

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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, 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).
 - a. 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 2020, with current delivery severely disrupted by the covid-19 pandemic.
 - b. The decision requests DMPC approval for the allocation of a further £314,000 to be awarded to IRISi to fund an extension of the IRIS programme for an additional 12 months. This will enable clinicians and survivors across 7 boroughs to be supported for a full 12 months after the covid-19 pandemic, to March 2022, and the programme be independently evaluated, as initially planned.

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 2020 and therefore will not be in place to meet the anticipated post covid-19 demand.

3. Financial Comments

- 3.1. The additional £314,000 to extend the IRIS programme is available via, and will be funded from, the existing 2020/21 VRU commissioning budget, which will be carried forward into 2021/22.

4. Legal Comments

- 4.1. The activities set out in this decision are in accordance with MOPAC's responsibilities under the Anti-Social Behaviour, Crime and Policing Act 2014 (formerly under the Police Reform and Social Responsibility Act 2011) to award grants to secure the reduction of crime and disorder in London.
- 4.2. Section 143 (1) (b) of the Anti-Social Behaviour Crime and Policing Act 2014 provides an express power for MOPAC, as a local policing body, to provide or commission services "intended by the local policing body to help victims or witnesses of, or other persons affected by, offences and antisocial behaviour." Section 143(3) specifically allows MOPAC to make grants in connection with such arrangements and any grant may be made subject to any conditions that MOPAC deems appropriate.
- 4.3. The proposals set out in this decision support MOPAC's duties and are in accordance with MOPAC's powers under that section.
- 4.4. 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:
- 4.5. Approve bids for grant funding made and all offers made of grant funding; and/or where appropriate a strategy for grant giving.
- 4.6. 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.
- 4.7. Further to this, paragraph 4.13 of the scheme also states the DMPC can approve all unforeseen variations and extensions to contracts with an original value of £500,000 or above, when the variation or extension is greater than 10% of the original value and/or is for a period of more than 12 months.

5. Commercial Issues

- 5.1. The commercial approach will be an extension to the existing grant agreement.

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. Two key areas which are being focussed on as part of this approach are:
- 6.3. Children and Young People – reducing Adverse Childhood Experiences and building resilience
 - Families and Home – Support & enable families to nurture and protect young people
- 6.4. 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. None.

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 01/07/2020