

IRIS IN 7 BOROUGHES PROGRAMME

STATUS UPDATE: AUG 2020

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OVERVIEW:

The Violence Reduction Unit (VRU) as part of the Mayor's Office for Police and Crime in London (MOPAC) and IRISi launched the IRIS in 7 Boroughs programme in January 2020. IRISi is commissioned to deliver this in 7 boroughs in London. All IRIS programme delivery to end 31st Jan 2022 and all other threads of work must be completed by March 2022. The table below gives an overview of what we are delivering and by when.

Phase 1	Site 1	Tower Hamlets	<ul style="list-style-type: none"> • Mobilised by 31/3/20 • Adapted programme delivery April – Sept 2020 • Blended programme Oct 2020 – Sept 2021
Phase 1	Site 2	Croydon	<ul style="list-style-type: none"> • Mobilised by 31/3/20 • Adapted programme delivery April – Sept 2020 • Blended programme Oct 2020 – Sept 2021
Phase 1	Site 3	Barking and Dagenham	<ul style="list-style-type: none"> • Mobilised by 31/3/20 • Adapted programme delivery April – Sept 2020 • Blended programme Oct 2020 – Sept 2021
Phase 2	Site 4	Brent	<ul style="list-style-type: none"> • To mobilise Oct – Dec 2020 • Blended programme 12 months; All delivery ends 31st Jan 2022
Phase 2	Site 5	Ealing	<ul style="list-style-type: none"> • To mobilise Oct – Dec 2020 • Blended programme 12 months; All delivery ends 31st Jan 2022
Phase 2	Site 6	Hammersmith and Fulham	<ul style="list-style-type: none"> • to mobilise Oct – Dec 2020 • Blended programme 12 months; All delivery ends 31st Jan 2022
Phase 2	Site 7	Westminster	<ul style="list-style-type: none"> • to mobilise Oct – Dec 2020 • Blended programme 12 months; All delivery ends 31st Jan 2022

SUMMARY OF PROGRESS:

We have been delivering an adapted, fully virtual IRIS programme for 6 months in phase 1 sites that were able to launch in March 2020 as lockdown came into play and we have agreed to deliver a blended IRIS programme for 12 months in all sites starting this October 2020. The blended programme will be a mixture of virtual and face to face delivery according to local need, risk assessments, site and worker readiness.

The adapted programme approach was developed during lockdown to align with COVID guidelines and IRISi have developed webinar versions of all training. As lockdown eases we will continue to align our programme with the emerging NHS landscape and needs of primary care health staff and those of survivors, keeping the core elements of the programme the same.

The core elements of IRIS that remain the same are: Clinical Lead role, number of training sessions, direct referral route to and ongoing support for patients from the Advocate Educator (AE), ongoing support to practices from the AE and Clinical Lead. The change is in delivery, the delivery of both training to clinicians and appointments for patients (by GPs and by advocates), which in the most part have moved from face to face to virtual.

The blended programme is a mixture of remote/virtual work and face to face work, where possible i.e. Where it is safe, and where the survivor is requesting face to face support we will suggest IRIS AEs aim to provide it. This will need to be after careful, local risk assessments and in agreement with their employing partner agency. Similarly depending on the government advice and guidance/CCG's/practice policy and GP's preference, local IRIS teams may try to provide face to face training for clinicians where possible as well as remote training.

CURRENT STATUS

Phase 1 sites that have been able to deliver the adapted programme are now going to move into blended approach in October 2020. Sites that were in hibernation over lockdown are being reinstated and we have recruited a partner agency for delivery in the 4 Phase 2 sites. External evaluation has begun. Survivor consultation work has resumed with an online consultation initially and with the ambition to hold some face to face focus groups next year if we can.

IRISi have also invited a core panel of experts to be members of the programme's Strategic Oversight Board to help give us strategic advice and support. They will meet once a quarter, from September 2020, until the programme ends. We are also forging links with young people's organisations to share learning about barriers that young people aged 16-25 may face in disclosing in general practices and what we can do to improve our training to help GPs identify and refer young people at risk from or affected by DVA.

NEXT STEPS

We hope that initial set up and implementation in Phase 2 sites will be complete by December 2020 and the new year will see continuous delivery all the way through in all 7 sites, regardless of an imminent 2nd wave of COVID or further lockdown issues. It has been a challenging year to keep the programme going but with the support and understanding of the VRU who have not only afforded us an extension in time but a revised budget, we are able to continue delivery and meet the needs of survivors and general practices in these very challenging times.