

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 7th September 2017

Decision Type: Non-Urgent Non-Executive Non-Key

Title: The IRIS Project (Identification and Referral to Improve Safety) in Bromley

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Ward: All wards

1. Summary

Since November 2015, GP practices in Bromley have benefitted from the IRIS Project (Identification and Referral to Improve Safety) which was commissioned in response to a Domestic Homicide Review following the death of a Bromley resident in November 2013. At least 6 Domestic Homicide Reviews in the South of London have recommended improvement in detection of domestic violence and early intervention from GPs or other health providers.

Bromley Clinical Commissioning Group has been in partnership with Victim Support since November 2015 to provide training and support to GP practices in Bromley around domestic violence/abuse. This is a local Project supported by the National IRIS Team, and funded by the Mayor's Office on Police and Crime (MOPAC), with additional financial support from BCCG for the GP Clinical Lead.

IRIS develops responses to improve early detection and develop support pathways for domestic violence within General Practice. The service delivers a training and support programme targeted at primary care clinicians and administrative staff leading to improved numbers and quality of referrals to specialist domestic abuse services, and improved recording and identification of women experiencing domestic abuse.

The IRIS model of care provides GP practices with:-

- Local named Independent Domestic Violence and abuse Advocate-Educators (IDVA-E) who receive all referrals from clinicians and provide feedback to those clinicians. They are hosted by the Domestic Violence and Abuse (DVA) specialist third sector organisation (Victim Support).
- Very-direct care pathways to access specialist local DVA services by integrating third sector organisations with Primary Care.
- Free on-site customised health-focused DVA training delivered by a local GP (who is trained to be a clinical specialist in DVA) and the IDVA-E.

The GP Clinical Lead supports local practices by promoting IRIS services and attends appropriate steering groups and Professional DVA forums. The GP Clinical Lead also provides ongoing support to nominated practices as outlined in the GP Clinical Lead Job Description.

As the only stakeholder group that consistently and actively engages with both victims and perpetrators, GP surgery staff have a crucial role in identifying domestic abuse and in preventing homicides. GPs are well placed to identify both victims and perpetrators through connected health needs including amongst other things injury, depression and substance misuse. The information held by GPs is often invaluable, it helps 'fill the gaps', especially when a victim and/or perpetrator has not had contact with any other statutory body.

IRIS Project surveys indicate women attending intervention practices were 22 times more likely than those attending control practices to have a discussion with their clinician about a referral to an advocate. This resulted in them being six times more likely to be referred to an advocate. Women attending intervention practices were three times more likely than those attending control practices to have a recorded identification of DVA in their medical record.

By having a designated role providing specialist advice, training and support to clinical staff working in Primary Care, the Project has improved awareness of both the impact of domestic violence amongst patients and identified how best to support the patient's needs in relation to the offenses. Evidence from other areas show that almost 50% of supported victims will report to the police, compared with just 16% of unsupported victims, as reported in the Home Office document 'Crime in England & Wales' 2008/9.

Progress of the Bromley IRIS Project:

Year 1 of the Project encountered initial challenges, and was not as effective as planned, despite remedial efforts. There was some progress to build upon, but this fell short of the targets that had been set (25 GP practices involved in the Project by year end out of 45 total practices). In Autumn 2016 new personnel were brought into the Project and it was re-launched. This resulted in greatly increased activity and improved quality such that the original targets were largely met by August 2017 (25 practices have commenced training, of those 19 are fully trained, and the others are booked onto the final training sessions).

Bromley IDVA-Es support survivors by providing crisis intervention work, this includes: risk assessment, safety planning, support through the Criminal Justice system, and multi-agency working with agencies such as Social Services and Police. The IDVA-E will also advocate for survivors with agencies such as children's services to ensure the survivors wishes and feelings are heard. Additionally, the AE provides a safe place for the survivor to talk and being believed is a huge first step to overcoming the abuse.

Most reassuringly, 89 referrals have been made into the IRIS service by Bromley GPs in the period from December 2016 to mid-August 2017. This is a very significant increase in referrals from GP practices in the previous year; such early intervention and referral is vital to support victims break the cycle of abuse. There have also been 5 referrals to Bromley MARAC (Multi-agency Risk Assessment Conference) of complicated high-risk cases that needed a holistic multi-agency approach. The work of the project has also directly led to over a dozen reports of offences to the Police and, to date, 3 successful prosecutions of perpetrators of Domestic Violence in the Borough of Bromley.

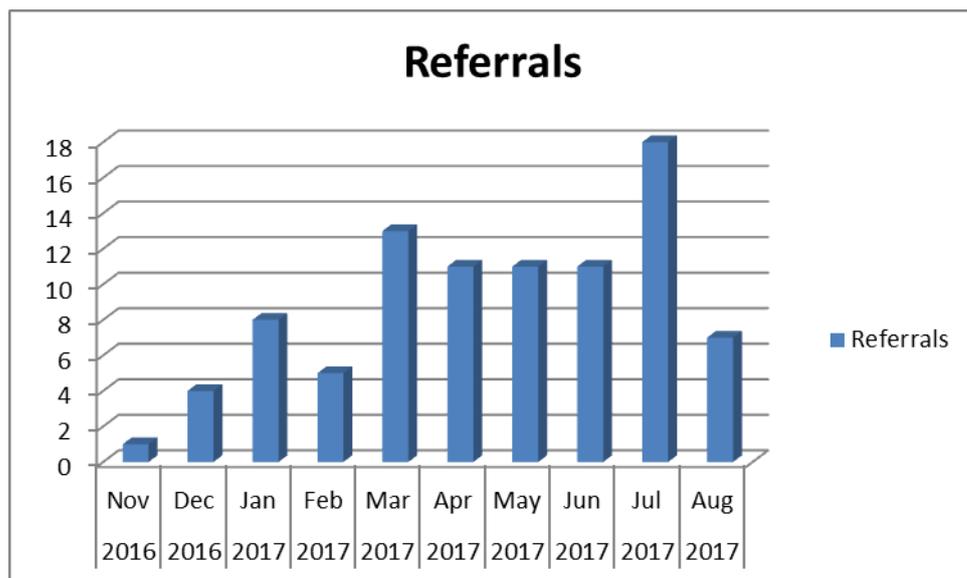
The IRIS Project also has strong links with the other DV services in the Borough of Bromley, including (from a health perspective) the provision of IDVA services in A & E, which have been shown to be effective at identifying those victims who either are not GP registered or who effectively cannot use their GP due to perpetrator coercion etc.

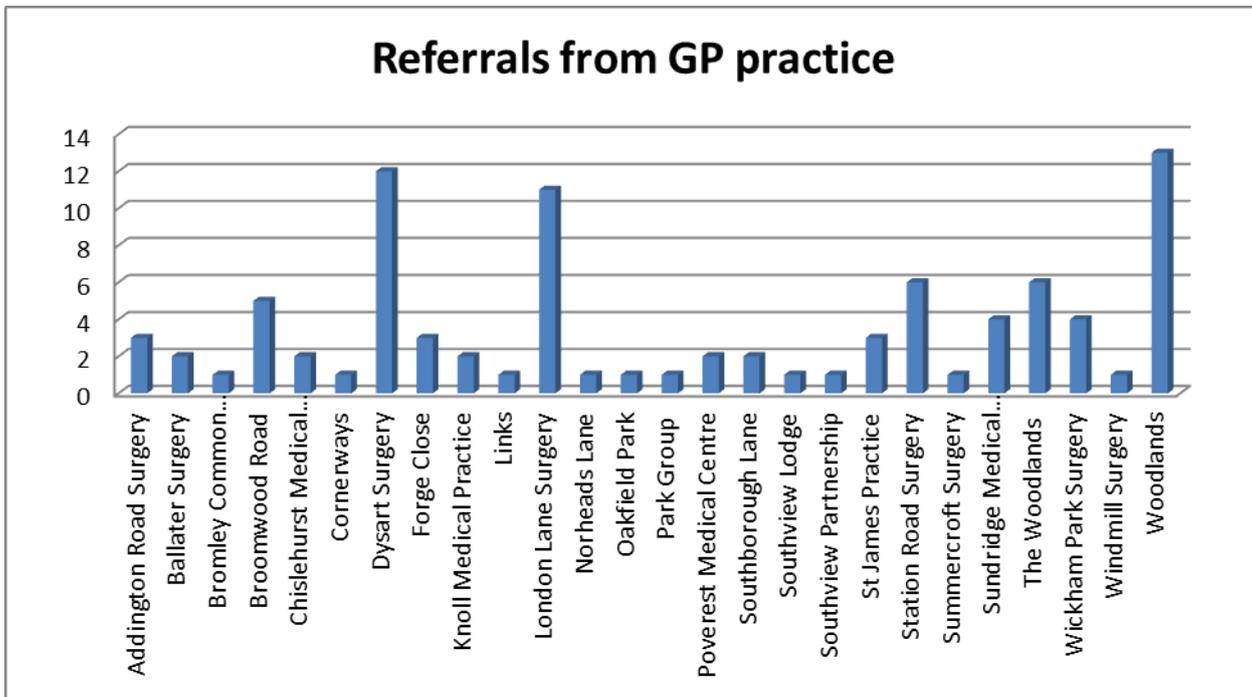
Quotes from Bromley clients:

- “thank you so much for all your help, you’ve been my light at the end of the tunnel”
- “even after speaking to you once, I feel so much better to know someone cares”
- “having you to talk to has given me the strength to make these changes”

Quotes from Bromley GPs:

- “The training should be mandatory for all NHS staff”
- “Knowing [the IDVA-E] provides an amazing element to supporting patients, we are able to say we know her and trust her”
- “IRIS has allowed us to transform how we support patients”





Funding:

MOPAC funding for the pilot IDVA-E post-holder to continue work with the original 25 practices has been secured until the end of March 2018 (25 practices is the maximum capacity that the IRIS model will allow 1 wte IDVA-E to support). However, MOPAC has not provided further funding beyond this date, nor will MOPAC provide additional funding to extend the project to other GP practices during 2017. MOPAC funding is intended as pilot funding and is not an alternative to permanent funding. BCCG has approved funding for the GP Clinical Lead until end of March 2019.

There is a funding gap for a pro rata IDVA-E post to work with the remaining 20 GP practices that were not part of the first tranche during the period to end of March 2018. BCCG and its partners are actively considering what other sources of funding might be available to provide a pro-rata IDVA-E for these practices.

Longer-term, evidence from other areas shows that DV referrals from GP practices tend to tail-off if dedicated support is withdrawn – not least because of GP practice staff turnaround over time. We therefore consider that it would be an advantage to have a permanent dedicated GP Domestic Violence Champion within Bromley and permanent IDVA resources focussed upon women (and those men) who attend their GP for whom domestic abuse is an issue.

2. Reason for Report going to Health and Wellbeing Board

The purpose of bringing this report to the Board's attention is that it provides a powerful and practical example of how local innovation, partnership and good practice has had a significant impact upon the lives of (mostly) women and their children in Bromley, and the necessity of exploring ways in which this support can be made permanent. The report raises the issue of the ongoing need for domestic violence services within Bromley, and the desirability of providing support to GP practices through the services of a permanent GP Domestic Abuse Champion and dedicated IDVA resources.

This report directly links to the Joint Strategic Needs Assessment (JSNA) 2016 at section 3: Domestic Abuse. The Executive Summary concludes '*There is a need for increased education and awareness of domestic violence and the domestic violence services available in Bromley.*

Domestic Abuse is the third priority area for the Bromley-wide Strategic Safety Partnership 2017 -19.

3. SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

Whilst this report does not specifically require actions from any other organisation, it is relevant to the strategic priorities of the Bromley Community Safety Partnership, Bromley Safeguarding Children's Board, Bromley Safeguarding Adults Board, London Borough of Bromley, NHS England (London) and NHS health provider organisations, and Third Sector partners such as Victim Support and Bromley & Croydon Women's Aid.

Health & Wellbeing Strategy

1. Related priorities:

- Anxiety & Depression,
 - Children with Mental & Emotional Health Problems,
 - Children Referred to Children's Social Care,
 - Supporting Carers.
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Financial

1. Cost of proposal: Not Applicable:

2. Ongoing costs: Not Applicable:

3. Total savings: Not Applicable:

4. Budget host organisation:

5. Source of funding:

6. Beneficiary/beneficiaries of any savings:

Supporting Public Health Outcome Indicator(s)

Yes: Public Health Outcome Indicator 1.11 (August 2016).

The Bromley IRIS Project offers provisions in line with the NICE public health guidance on domestic violence and abuse (PH50) which recommends offering specialist advice, advocacy and support in settings where people may be identified or may disclose that domestic violence and abuse is occurring.

4. COMMENTARY

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

The Bromley IRIS Project has had a direct and measurable impact upon the health & wellbeing of women (mainly) who are subject to domestic abuse and of their children.

Whilst the Health & Wellbeing Strategy 2012-15 does not specifically address domestic abuse/violence, it is undoubtedly the case that it impinges on several of its key priorities relating to mental health, and to the wellbeing of children and young people, and of other vulnerable people in Bromley (domestic abuse may occur in any familial setting and may include people who have a disability, mental health issue or who are older people; and is an issue for both heterosexual and LGBTQI people).

6. FINANCIAL IMPLICATIONS

The cost of Domestic Abuse in Bromley

Female population in Bromley over the age of 15 years: Number of victims of domestic abuse based on population size (Home Office) as reported in 'The Cost of Domestic Violence': September 2004, Professor Sylvia Walby (University of Leeds).

16-59 year olds (male & female) (1000)	Physical & mental health care costs	Criminal justice costs	Social services costs	Housing and refugee	Civil legal services	Lost economic output	Total costs (not including human & emotional)	Human & emotional costs
156	£9.6m	£7.0m	£1.6m	£1.1m	£2.1m	£10.6m	£31.9m	£54.9m

These equate to a cost per person per year:

£6,154 per person for health; £20,450 per person overall.

According to a report by the Domestic Abuse & Violence Against Women and Girls Commissioner for the London Borough of Bromley the most accurate (95%) figures for the following years are:-

- 2011/12 - 1413 cases reported as DVA incidents = cost to health £8,695,602.00
- 2012/13 – 1412 cases reported as DVA incidents = cost to health £8,689,448.00

www.statisticsauthority.gov.uk/assessment-report-102-crime-statistics-in-england-and-wales

These figures cannot quantify the wider impact of domestic abuse and violence within Bromley, but we know from research and professional experience that children and other vulnerable family members are at risk within households where domestic abuse/violence is apparent, and that this is likely to have both direct and indirect lifelong consequences for the physical and mental health of children in particular.

7. LEGAL IMPLICATIONS

None identified.

8. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROCESS THE ITEM