

Glasgow City Health and Social Care Partnership (GCHSCP) Inter- Agency Housing First Development

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A Housing First Response to 'Homeless with Multiple Complex Needs'





A Housing First Response to 'Homeless with Multiple Complex Needs'

Glasgow Homeless Service received 5378 homeless applications in 2016/17 (*** 16/17 statistics ***)

- 61% Male & 39% Female
- 73% aged 26-59 years
- 23% had children
- 11% repeat presentation from previous 12 months
- 5% 10% multiple complex needs cohort in scope for Housing First

In addition:

- 27% prison leavers 'report' facing Homelessness on liberation
- Overlap of Complex needs with Mental Health/Addiction/Criminal Justice and Homelessness





A Housing First Response to 'Homeless with Multiple Complex Needs'

Making a difference via Housing First

Referral

Single Shared Assessment

Bespoke Assertive Outreach Support





Making a difference via Housing First (HF) : Kevin



27th April – 6th May '18

8th August '18





- Found on Golf course; Unconscious; Broken bones; Hypothermia;
 Hypoglycaemia
- 10 yrs sleeping rough; Valium Addiction; Alcohol; Police and ambulance assistance; Accommodated in Clyde Place (Homeless Emergency Supported Accommodation); Day to day care and support; Established Homeless status

- Housing First initial contact; Assessment (GCHSCP HF Team); Housing Options (Wheatley Group); OT Assessment; Support Plan developed

- Tenancy Offer (Wheatley Group); Supported tenancy viewing (Salvation Army HF team); Repairs and decoration of property; Furniture Package selected (GCHSCP/ Wheatley); Eat Well package ordered ; TV & Licence (Social Bite)

Moved in to tenancy with full support package (8 hours per week) and Eat
 Well pack
 – Emotional moment - calls it 'Home'

- Re decorates and re furnishes parts of his home
- Faces a close relative's serious health issue
- Becomes part of the community with neighbours becoming friends
- Volunteers at the local food bank



Kevin's Story

To play the video please click here: https://vimeo.com/347470605/9cbfa15de4



A collective approach to enhanced intermediate care and rehabilitation in Ayrshire





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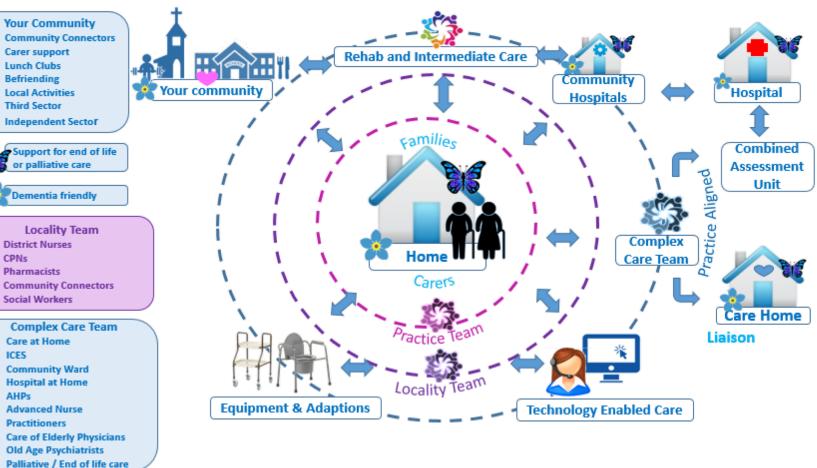
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New Models of Care for Older People and People with Complex Care Needs







EAST AYRSHIRE

Health & Social Care Partnership



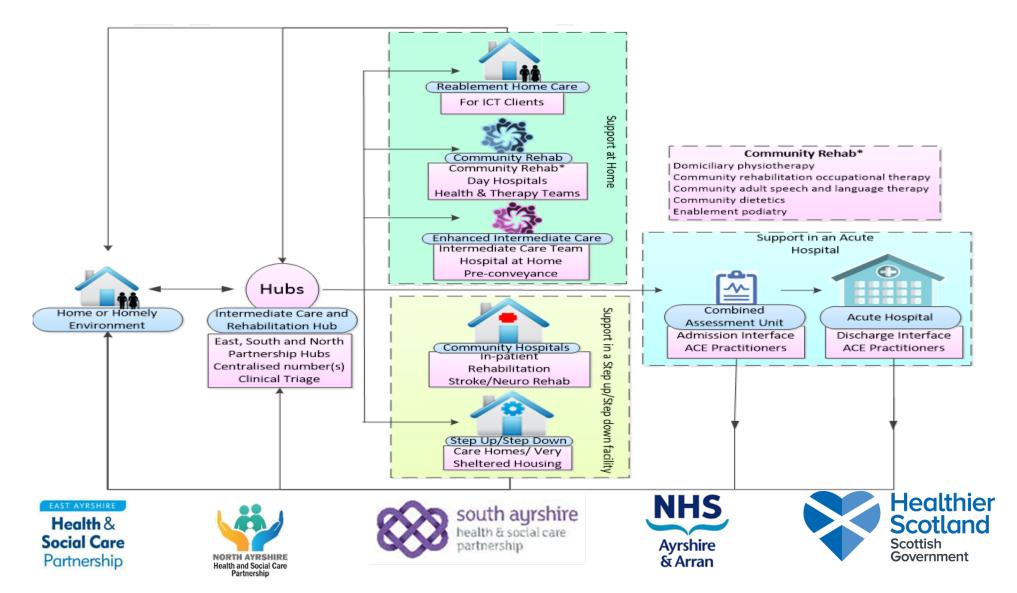
south ayrshire health & social care partnership





Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation





Complexity and Levels of Support



am an adult/older person with complex eeds ving well as part of my local community	Community Resources Self-management, exercise, diet leisure activities, lunch clubs etc.	Self-management of health and well being and support for anticipatory care Conditions: Asthma, Diabetes, COPD, CHD, CKD.
am an adult/older person with complex eeds naintaining my health and well-being with upport from primary & community services	1- Primary Care & Community Services ractice and Cluster Based, Multi-Disciplinar Teams	Stable long term conditions and proactive management of chronic health conditions Conditions: As above with UTI, Frailty, AF, Falls, Cellulitis
I am an adult/older person with complex needs. but need support or equipment to keep me wel home	Equipment Adaptations	Unstable long term conditions or exacerbated episodes that require rehabilitation to stay at home Conditions: As above when experiencing acute exacerbation
I am an adult/older person with complex needs. but need fast acting short term support to keep well at home or get me back home quickly	me and Community support	but require short term fast step up/step down to avoid the need for specialist acute care ns: As above when experiencing acute tion
I am an adult/older person with complex nee but require specialist acute care and treatme help me get well	nt to Hospital Compl	ex, unstable, acute high risk episode or ion which requires specialist acute care

EAST AYRSHIRE Health & Social Care Partnership



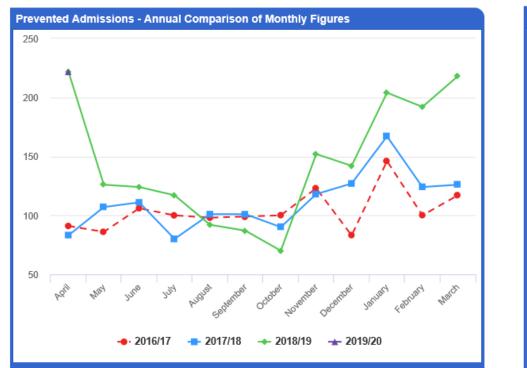


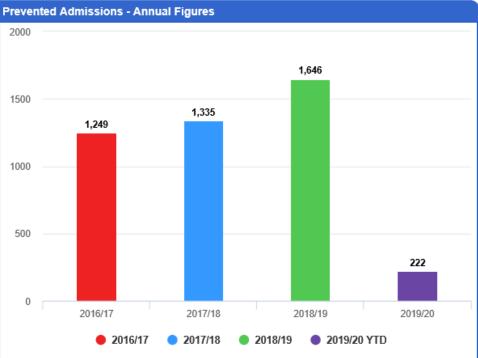




Early Outcomes







In March 2019, the total number of referrals increased by 56% when compared to March 2018 - 585 compared to 374.











Reflections of Systems Change



Challenges

- Pan Ayrshire Vs Locality needs
- Silo thinking
- Culture and politics
- Resource Transfer/ chicken and egg
- Clarity of deliverables/ agreed vision
- Relationships and Trust



Facilitating Factors

- Evidence
- Persistence
- The Network
- Engagement
- Input from 'the Experts'
- Relationships and Trust !













Get in Touch!



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EAST AYRSHIRE Health & **Social Care** Partnership







NHS Forth Valley opening New Doors to keep 'Equally Safe'



How common is Rape and Sexual Assault?

- One in 10 women (10%) and one in 50 men (2%) in Scotland have been raped since the age of 13. (Fuller et al 2015)
- Almost one in 5 women (19%) and one in 25 men have experienced attempted rape. (Fuller et al, 2015)
- In Scotland 4.6% of women and 0.6% of men have experienced serious sexual assault since age 16. (Scottish Crime and Justice Survey 2016)
- In 87% of cases of serious sexual assault, the victim knew the offender; in 55% of cases the perpetrator was their partner. In 77% of cases where there was more than 1 form of sexual assault the offender was the partner (SCJS 2016)
- Only 12% of rapes reported in 2015-16 were prosecuted and only 6% resulted in a conviction (Scottish Government 2017)



Background: Scottish Governments Commitment



- 2014 Transfer of Healthcare and Forensic Medical Services;
- 2017 Her Majesty's Inspectorate of Constabulary Strategic Review completed (HMIC); Chief Medical Officer Taskforce established (CMO); Health Improvement Scotland National Standards produced (HIS).
- 2018 19 NHS Boards developed plans to deliver on HIS Standards;
- By 1st April 2019 NHS Boards were required to have in place Forensic Medical Examination (FME) Facilities.



Summary of HIS standards



Standard 1: Leadership and Governance

Standard 2: Person centred and trauma informed care

Standard 3: Facilities and Forensic Medical Examination (FME)

Standard 4: Education, training and clinical requirements

Standard 5: Consistent documentation and data collection



HIS Standards / HMO Taskforce Recommendations



- Reduce unnecessary delays;
- Ensure victims do not travel unreasonable distances to be examined;
- Address the lack of female medical professionals;
- Establish wrap around trauma informed care;
- Carrying out of forensic medical examination in police premises to cease by 1st April 2019.







Forth Division - Police FME Facilities pre April 2019











'The Meadows' NHS Forth Valley: As from 1st April 2019



- Individuals will be examined out with Police Station
- The Meadows meets the needs of Children & Adults
- Fully accessible facility / service meeting diverse needs of our community
- Police have access 24/7
- Area for 3rd sector organisations supporting those who have / are experiencing abuse
- Delivers a range of health and well being support
- Separate area for offices, FME Examiners shower, Police/FME Office and storage



Let me introduce you to our facility





Our Waiting room for FME & Statements



















Children's Area discussion & statements





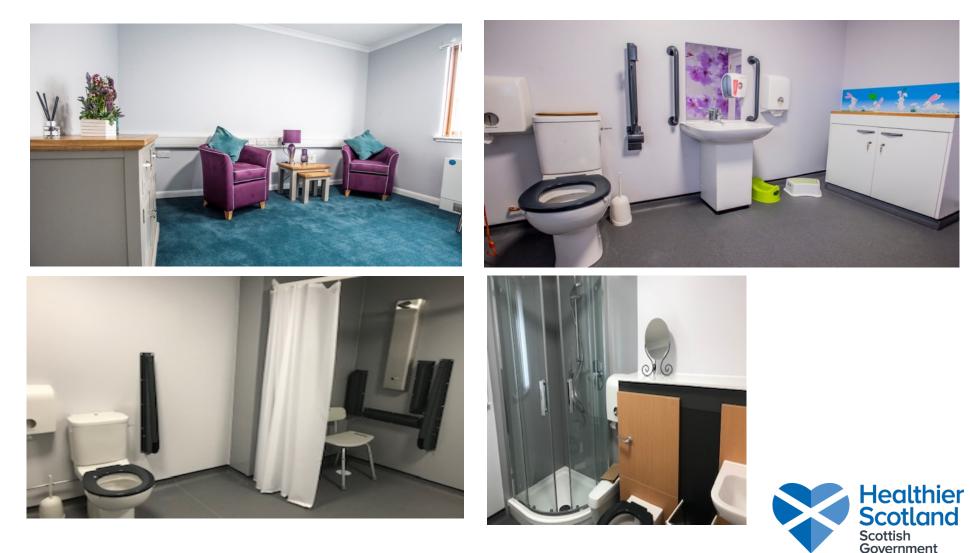






Multi Agency Room and Accessible Toilet & Shower Room (incl. staff shower)







Health staff, are in a unique position to recognise and respond to sexual assault.

No matter how much time has passed since an assault, it is never too late to listen to the individual and offer support.



All health workers should



- Be aware that rape and sexual assault, recent or historical, are a possibility
- Recognise signs and symptoms; initiate discussion
- Provide a safe, quiet and confidential space
- Validate their experience 'for example 'I'm sorry that this has happened to you. It takes a lot of courage to talk about something like this.'
- Consider safety measures don't talk in front of the perpetrator
- Thinks about the sensitivity required if it's a member of staff who discloses their personal situation with you!!





It only takes one person to make a difference.

That Person could be you.

Thank you!!

If you require more information about the Meadows please contact: <u>hazelsomerville@nhs.net</u>

