

Complex Needs Service: Responding to Inequalities In Homelessness

Glasgow City Health & Social Care Partnership

Scotland's Housing Festival 8th March 2023

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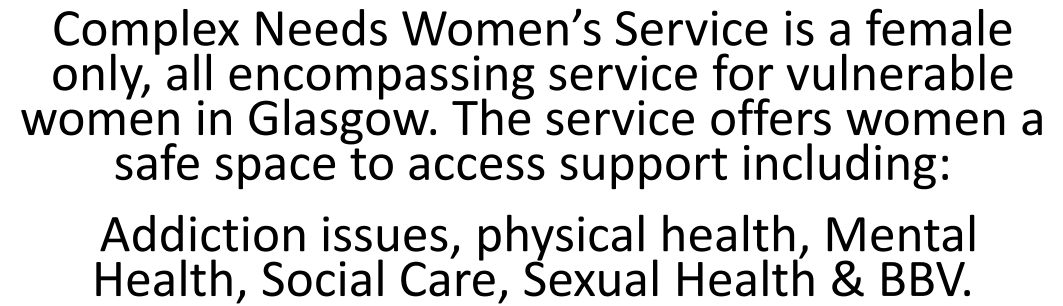


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What is Complex Needs Service?

- The Complex Needs Service operates a single point of access to a vulnerable, transient, and high-risk population, providing a range of medical, health and social care interventions for individuals with multiple and complex health and social care needs.
- This service replaced the previous Homeless Health model which focused on homelessness status alone.
- The Complex Needs model and criteria focuses on **complexity, risk and level of need**.
- Single access referral. Single caseload held by the Intra-Disciplinary Team: Advanced Nurse Practitioners, Physical Health Nurses, Mental Health Nurses, OTs, Clinical Psychology.
- City wide service: officially launched 14th March 2022.





Background:

- Previous Homeless Health model: no identified care management for women.
- Inconsistencies in service provision.
- Vulnerability of women attending generic clinics.
- Recognition of women's difficulties engaging with homeless services, sexual health services and female services.
- High level of dis-engagement with no active follow up.



Aims:

- To provide a high quality holistic approach to women's needs.
- To provide a safe space / day for women to attend.
- To bring together other external services and deliver a joined up approach to women's needs.
- Improve health and social care outcomes for women.
- Provide a service that women value and feel part of.



Implementation:

- Cohort of women identified.
- Women informed of all changes to clinic prior to this happening and opinions sought via questionnaires & discussion.
- Established core workers for team including Nursing, Social Care and Medic.
- All cases co-allocated to 2 workers, Social Care and Nursing.
- Outreach & clinic base working model.
- Multi agency approach including Sexual Health & BBV Services.
- The service continued to be fully operational throughout the Covid-19 pandemic, although how the service was delivered was changed to ensure contact was increased to those who were most vulnerable and at risk.
- Commenced: 2019



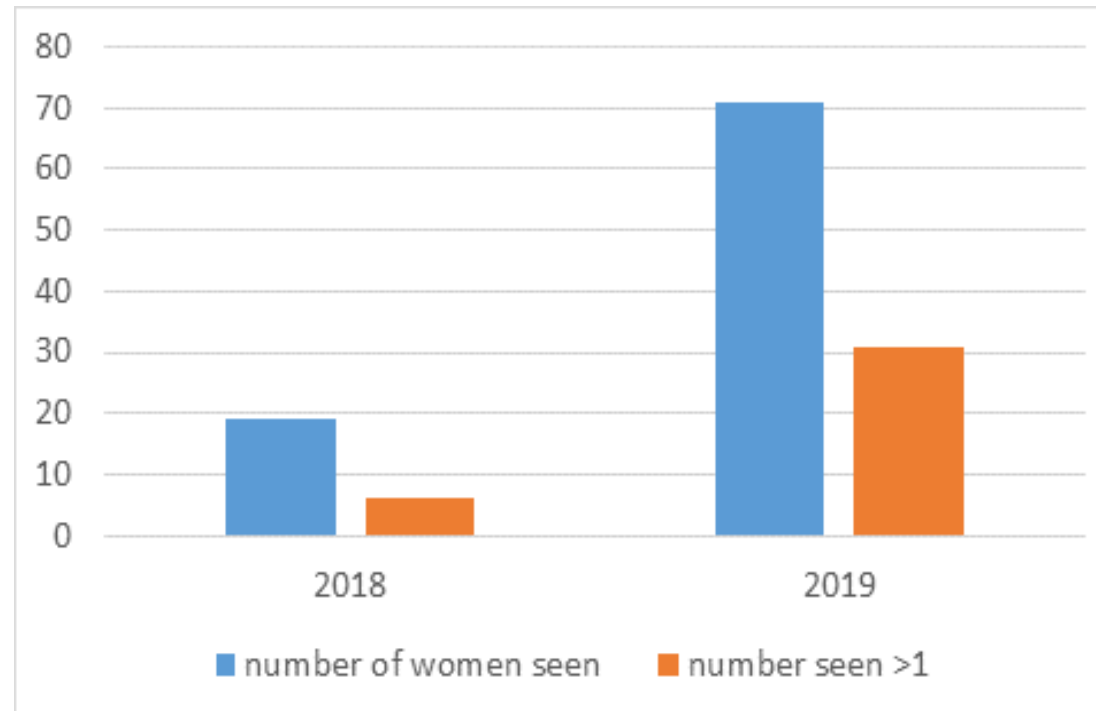
Demographics:



Information gathered in the first year of implementation:

- 71 women seen.
- 74% women disclosed IV drug use.
- 82% women disclosed domestic violence (current or in lifetime).
- 27% women disclosed involvement in transactional sex (15% previously).
- 75% women disclosed sexual assault during their lifetime.

Sexual Health:



Development:



- Move to separate female only base: September 2020.
- Dedicated women's phone line set up.
- Provision of mobile phones and bus tokens to support engagement with women and the service.
- Established better links and contact with Homeless Casework.
- Staff team have all completed Trauma and Safety & Stabilisation Training.
- Positive relationship with Routes Out.

Physical / Mental Health:



- 100% patients were reviewed by Medic within last 3 months.
- 100% BBV tested in past year.
- 95% BBV tested within 3 months.
- No new diagnosis of HIV.
- 100% women who have been identified with HIV have engaged with treatment.
- ANP: Provide full Physical Health assessment and required referrals & treatments.
- Clinical Psychologist: Individual formulation plans, reflective supervision & 4 weekly MDT review.
- Access to rapid Mental Health assessment and support.

Service User Feedback

“I like that everything can get done under the one roof for all my health needs”

“I like that it is women only and feel more comfortable without men there”

“I don’t think there is a bad side to it”

“Amazing service, staff friendly, easy to talk without judgement”

“It works well as you don’t need to wait long to see someone, plus women can talk freely to staff”

“No guys kicking off”

“Don’t get offered drugs”



Referral Routes:



Referral routes:

- Social Work
- Acute Services
- GPs
- Learning Disability
- Community Justice
- Prison
- ADRS
- RSLs
- ASP
- Casework
- Homeless Services

Complex Needs Model: Transition

- Interim service: supporting service users to engage with locality mainstream services.
- Improving interface between complex needs and locality services is a priority moving forward, supporting accessibility to the right service at the right time.
- Period of joint working required before a final handover.
- Service Users need to be supported to a new service that will operate very differently.
- New Care Team need to have knowledge and understanding of the Service User's journey.



8th March
INTERNATIONAL WOMEN'S DAY



THANK YOU!

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<https://youtu.be/p9H61djvHvU>

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