
**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board

Subject: Homelessness and Health

Report of: Hazel Summers, Strategic Director Adults Social Care

Summary

- This paper sets out the current challenges in relation to rough sleeping and homelessness in the city and the impact this has on health and wellbeing. It outlines action underway to address this complex problem through partnership work across all sectors.
- The paper presents the draft Manchester Homelessness Charter to the Board, which sets out the vision and values for Manchester in relation to homelessness, and sets out how all partners can take their share of responsibility for preventing and overcoming homelessness in Manchester

Section One: Homelessness in Manchester
Section Two: Impact of Homelessness on Health
Section Three: Homeless – new approaches underway
Section Four: Manchester Homelessness Charter

Recommendations

The Board is asked to:

1. Endorse the Manchester Homelessness Charter and to commit organisational support to its development.
2. Approve the proposal to ensure Homelessness is a priority topic for the Joint Strategic Needs Assessment in 2016.
3. Endorse the Manchester Homeless Healthcare Standards to support equitable access and improved standards of healthcare services for homeless people.
4. Agree that a new approach to the delivery of mental health services for homeless people is required which is beyond the current eligibility criteria
5. Agree that healthcare funding for specialist homeless health services is a priority and should be placed on a secure and recurrent footing

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	<p>Housing and homelessness is a cross-cutting issue which impacts on all Board Priorities.</p> <p>The experience of homelessness can have seriously detrimental effects on physical and mental health and wellbeing. It has a major impact on life expectancy.</p> <p>Homelessness requires a greater focus as a key determinant of health within current strategic priorities.</p>
Educating, informing and involving the community in improving their own health and wellbeing	
Moving more health provision into the community	
Providing the best treatment we can to people in the right place at the right time	
Turning round the lives of troubled families	
Improving people's mental health and wellbeing	
Bringing people into employment and leading productive lives	
Enabling older people to keep well and live independently in their community	

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Homelessness Services Review 2013

http://www.manchester.gov.uk/info/200117/homeless_people/6196/homelessness_review_2013 - 14k

Manchester Homelessness Strategy 2013-18

http://www.manchester.gov.uk/directory_record/91164/homelessness_strategy/category/763/homes_and_property - 12k

1.0 Introduction

The experience of homelessness can have seriously detrimental effects on physical and mental health and wellbeing. The impact on health inequalities is stark. The average age of death of a homeless man is 47, and for a homeless woman is 43¹.

Homelessness and rough sleeping is a growing challenge in our city. It is relevant to every area of the Health and Wellbeing Board Strategic Priorities. It is a complex problem requiring systemic and co-ordinated action across all partners.

Manchester is coming together as a city to tackle the challenges of homelessness. The Manchester Homelessness Charter is the central vehicle for this, setting out the vision, values and mechanisms for implementing a new approach which gives all partners and individuals in the city a role. The voice of homeless people is central to this approach.

This report provides the Board with information on the current challenges in relation to rough sleeping and homelessness in the city and the impact this has on health and wellbeing. It provides the Board with a draft of the Charter for comment and approval.

Section One

Homelessness in Manchester

Actual levels of homelessness in the city are difficult to define and quantify. Rough sleeping is defined as those living in the open air, such as doorways, car parks or on the streets. The definition of homelessness is wider and includes all those who are living in temporary, insecure or unsuitable accommodation such as B&B's, hostels, sofa-surfing. Furthermore, there is growing hidden homelessness particularly amongst vulnerable women who live in unsafe accommodation. It is therefore difficult to put a figure on the total numbers in the city that are homeless but may be 'hidden' from view.

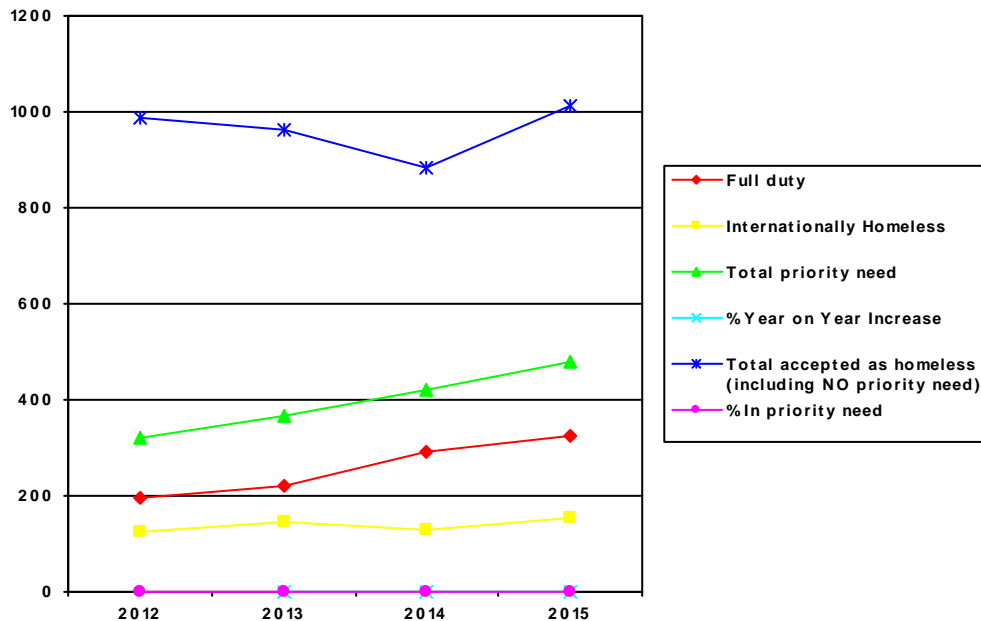
Manchester City Council is responsible for receiving and assessing requests for assistance from people who believe themselves to be either at risk of or are actually homeless. This is a statutory responsibility that is set out in the Housing Act 1996. Many other voluntary, community and third sector organisations provide advice and support with housing and homelessness.

The Council has received between five and six thousand approaches for assistance. Of those who make an application, more were found to be homeless, with a **14.5% increase** in those found to be in priority need over the last year.

Priority need is defined in terms of a household's vulnerability when they are homeless. Some priority need categories are automatic – all households with dependent children or including a dependent woman, all single applicants aged 16 or 17 – while others are based on an individual assessment. These are in relation to health needs, drug or alcohol use, disability, old age or risk of violence. They also include people who may be vulnerable because of time spent in an institution such as

¹ Crisis: Homelessness: A Silent Killer, December 2011.

prison or the armed forces. It should be noted that someone who is rough sleeping is not automatically considered to be in priority need, rather an individual assessment is required to determine their vulnerability. Table 1 looks specifically at single homeless applications over the last four years, and suggests that as well as finding more applicants to be homeless, those applicants are experiencing increasing levels of vulnerability.



A recent Supreme Court ruling widens the threshold for vulnerability, and confirms that local authorities cannot take into account the authority's resources, such as funding or supply of accommodation, when deciding on an applicant's vulnerability. This is likely to cause further pressure on services.

This increase in the numbers of homeless acceptances, combined with increased levels of rough sleeping, has led to an increase in the number of households in temporary accommodation. In 2015, 1892 households were booked into temporary accommodation, spending an average of 100 days in accommodation.

On 31 December 2015 there were 95 households accommodated in bed and breakfast hotels, the least suitable form of temporary accommodation. Of these, 33 were family households, including 51 children or expected children. Where appropriate, households are moved as soon as possible into more suitable alternative accommodation. However, the increased levels of homelessness mean that they are remaining in B&Bs for longer periods of time while alternative accommodation is sourced.

Rough sleepers

The city has experienced a significant increase in the numbers of rough sleepers in the last five years. This is shown in the annual headcount figures in the table below.

Year	2011	2012	2013	2014	2015

Count	15	27	24	43	70
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Nationally the rough sleeper headcount has increased 30% from 2014-15, and therefore Manchester's increase is higher than the national picture. The headcount provides a snapshot of the numbers found rough sleeping on one night of the year.

The figures provide a clear indication of the direction of travel, but is likely to under record the number of rough sleepers on the streets, due to the way the count is prescribed. A fuller picture is given by the annual severe weather emergency provision (SWEP) that is put in place during the winter when the weather falls to, or below, zero for three consecutive nights. Over three periods of severe weather in 2015 (totalling 16 nights) the SWEP assisted 196 individual rough sleepers. In 2016, the SWEP has, to date, operated for one period of 7 nights and assisted 108 individuals. This demonstrates more accurately not only the numbers involved, but also that the numbers requiring assistance via SWEP has increased over the last 12 months (from an average of 12 per night in 2015 to 15 per night in 2016 (to date)).

Demographic information was gathered from the SWEP in 2015. The majority of those using the provision were male (85%). Ages ranged from 18 to one person who was over 70, but the majority of people were aged between 25 – 59 (78%). Young people aged between 18 – 24 accounted for 18% of those using the provision. 26% of those who accessed SWEP were EEA nationals, of whom 19% had no recourse to public funds. Users were asked to self declare support needs: 47% (109 people) identified mental health needs; 32% (75) identified alcohol; 24% (57) identified drugs.

The people who are currently rough sleeping in Manchester can be broadly categorised as follows:

- 'traditional' rough sleepers: older people, predominantly male, but with a significant number of women with complex needs.
- a newer cohort of younger rough sleepers, where concerns re the use of legal highs are emerging
- people from the EEA who are not exercising their treaty rights and failed asylum seekers, both categories having no recourse to public funds.

As well as statutorily homeless households, the council also accommodates rough sleepers in the city who may not be owed a duty under the homelessness legislation. This includes people who may not be in priority need, people who have been found to be intentionally homeless because of their actions in their last accommodation or people to whom the council has discharged its duty. Rough sleepers may be placed by outreach workers from our Rough Sleeper Team or through the single point of access the team operates at day centres in the city.

Factors impacting on levels of homelessness

The causes of homelessness are complex, but the following have been identified as likely contributory factors to the increase:

- Impact of welfare reform, particularly the bedroom tax and extension of single room rate to under 35's, and lack of affordable housing. This is likely

to be exacerbated by forthcoming welfare reforms. Increases in debt problems are an associated factor.

- Increase in European nationals and failed asylum seekers with no recourse to public funds. Many are now congregating in tent camps and becoming further entrenched. Manchester offers a reconnection and employment pathway service for EEA nationals, however many do not want to return to their country of origin as they will be destitute there without any of the street organisations who provide help here.
- Reduction in local authority funding impacting on single homeless accommodation and funding to support people as a result of reductions in funding from the government. As the centre of the Greater Manchester conurbation, Manchester can also be impacted by the decisions of other local authorities who have made reductions to services.
- Difficulties with 'Move On' from supported accommodation to longer term tenancies. There are a number of challenges with moving people from supported accommodation to longer term tenancies, including exclusions due to rent arrears, delays in the Serious Offender Panel, and lack of one bedroom accommodation.
- A lack of access to 24/7 evening and overnight provision
- The vibrancy of the night time economy can act as a draw to those from other areas who come to access on-street donations.
- In Manchester city centre there has been a significant increase in the numbers of street groups, and businesses supporting people through the provision of on-street donations of tents, sleeping bags, clothing, food. Whilst they are responding to the visible need, it makes life on the streets more sustainable, and a 'tent culture' has developed.

Section Two

Impact of Homelessness on health

The experience of homelessness can have seriously detrimental effects on physical and mental health and wellbeing. The average age of death of a homeless man is 47, and for a homeless woman is 43.

Homelessness is an independent factor for premature mortality and is associated with extremes of deprivation and multiple morbidity. Chronic homelessness is an associated marker for tri morbidity (the combination of physical ill health with mental health and substance misuse), complex health needs and premature death². Tri morbidity often has its roots in histories of complex trauma, including high levels of child neglect and abuse, that impact on developmental trajectories and mental health. When homeless people die they do not commonly die as a result of exposure or other direct effects of homelessness, they die of treatable medical problems.

National research by Homeless Link undertaken in 2014 showed that:

- 73% of homeless people reported physical health problems.
- 80% of respondents reported some form of mental health issue

² Marmott Review, 2010.

- 39% said they take drugs or are recovering from a drug problem
- 27% have or are recovering from an alcohol problem.
- 35% had been to A&E and 26% had been admitted to hospital over the past six months.
- 41% of homeless people reported a long-term physical health problem (compared to just 28% of the general population).
- 45% had been diagnosed with a mental health problem (compared to 25% of the general population).
- 36% had taken drugs in the past six months (compared to 5% of the general population).

Research undertaken by London Pathway evidenced that *“homeless people attend A&E up to 6 times as often as the general population, are admitted 4 times as often, and once admitted, tend to stay 3 times as long in hospital as they are much sicker and as a result, acute services are 4 times and unscheduled hospital costs are 8 times those of general patients”*

Manchester’s homeless healthcare provision

Urban Village Medical Practice has been offering primary health care to homeless people since 1998. Since 2012 the practice has also been commissioned to provide a hospital in reach service to homeless patients. The service is the only comprehensive healthcare service for homeless people in Manchester and currently provides the following;

- Proactive engagement with homeless people including outreach and hostel drop-ins by clinical and non-clinical staff to enable registration with the practice or other health advice
- Flexible and easy to access to a range of services including GP, nurse, tissue viability service, alcohol services, drug assessment and treatment, mental health services and dentist
- A hospital in reach service by clinical and non-clinical team members offering assessment of medical and social needs and discharge planning for homeless patients that are admitted.
- Case management of homeless patients that are frequent attendees at MRI A&E to address health and social needs in order to reduce the impact on secondary care
- Additional support for all homeless patients in relation to benefits, out patient appointments and housing options.

The practice currently has 709 homeless patients registered at the practice; this total figure has been steadily increasing over the last 3 years. The practice currently registers between 30-40 new patients every month, a total of 361 being registered in the last 12 months. Despite this high churn rate, 80% of these new patients have received a comprehensive health assessment following registration.

During the period October 2014 – September 2015, the hospital in-reach service at the MRI delivered a 47% reduction in A & E attendances, and a 39% reduction in non-elective admissions, a 69% reduction in bed days and a 20% reduction of repeat admissions within 28 days.

In addition to operational work, Urban Village has also worked to ensure that homeless health has become a strategically important issue in the city.

The service has developed the **Manchester Homeless Healthcare Standards** and delivered training for all agencies in the city. This is unique in Manchester and is a leading example of good practice.

Standard 1 – Health must form a significant element of any assessment of needs and remain a priority

Standard 2 – All homeless people must be registered with a GP

Standard 3– All homeless people should be supported to engage with primary and secondary health care services

Standard 4 – Homeless people should be supported to be self-caring in relation to their health care

Standard 5 – Appropriate access to out of hours and emergency care

The Manchester Homeless Healthcare Standards are attached in full at Appendix 1.

Mental health and homelessness

The prevalence of mental health problems in the homeless population is acknowledged to be higher than the general population. National research has demonstrated that approximately 70 % of the homeless population identify as having some form of mental health problem. Urban Village medical practice has recently undertaken research as to the local prevalence of mental health problems

200 homeless patients case notes were accessed with regards to ongoing mental health diagnosis, mental health interventions, access to mental health services, and outcomes. These were the findings in relation to prevalence:

- 83% of this population had a mental health problem/diagnosis
- 72 % had a mild to moderate mental health diagnosis – (eg depression/anxiety/self harm etc)
- 11 % had a diagnosis of a severe mental health problem – (schizophrenia /bipolar/personality disorder etc)
- 77 % of these patients had seen a GP at the practice and had their mental health assessed
- 60 % had been referred to a mental health service
- 20 % only had been seen by a mental health service for mental health interventions
- A high proportion presented to acute services eg A&E in crisis rather than receive an appropriate service in the community

The research revealed a number of issues relating to equity of access and exclusion. Mental health provision for people in Manchester is address-based therefore makes it

more likely that homeless people will be excluded. Manchester has a homeless mental health team but their criteria only includes severe and enduring mental health – ie 11 % of the population and therefore excluding the vast majority of homeless people who experience mental health issues. Some mental health services exclude on the basis of homelessness e.g. the crisis team. Some mental health services exclude on the basis of co-morbidity substance misuse (70 % of the cohort).

The analysis concluded that mental health services are fragmented/non specialist for homeless people and address based therefore very rarely accessed by the population. It is of major concern that homeless people as a population have one of the highest prevalence rates of mental health problems of any population – yet have some of the poorest access to mental health services in Manchester.

Substance Misuse

The linkages between substance misuse as both a cause and effect of homelessness and rough sleeping are well established. The new, integrated community-based alcohol and drug service for adults will start from 1 April 2016. The service is expected to work with a wide range of substances including alcohol, illegal drugs, and new psychoactive substances. Street outreach work and working in partnership with other organisations to engage homeless populations is a requirement within the service specification. In addition, priority groups for outreach and in-reach work include:

- homeless populations, including rough sleepers and individuals in temporary accommodation
- dependent street drinkers not in contact with treatment services,
- individuals who are begging in the city centre.

Organisations working with homeless populations in Manchester have expressed concern about the use of New Psychoactive Substances (NPS) amongst homeless populations, and how this is causing harm. The Public Health Team have commissioned Manchester Metropolitan University to undertake a piece of research to explore the prevalence and nature of NPS (New Psychoactive Substance) use in Manchester. The objectives of the research are to:

- Provide a review of current UK policy and guidance on NPS
- Gain a clearer understanding of the prevalence and nature of NPS use, harms and the needs of those already in contact with services in Manchester
- Demonstrate how the needs of such populations are being met, or not being met, by current service provision
- Identify gaps in service provision and staff training/knowledge needs
- Provide recommendations regarding the development and delivery of services, and future data collection and monitoring

The research began in January 2016 and a report is expected in Spring 2016.

Housing and Communicable Disease

Overcrowded, or poor quality, housing can encourage the spread of various infections. This will be particularly the case in those who are sleeping rough or sharing tents. Also, those who are homeless will often be less healthy generally, and more vulnerable to infections, more so if they are heavy drinkers or misuse drugs.

Serious infections, such as tuberculosis (TB), are a particular potential problem. Although the annual number of cases of TB in Manchester has fallen in the last three to four years, Manchester still has a relatively high level of TB, although the majority of these cases occur in our local BME communities.

Although this has not been previously a significant problem in Manchester, homelessness is known to be a risk factor for TB, particularly in those who have problems with substance misuse. For example, there has been a longstanding TB outbreak in this population group in London in recent years. Although outbreaks of TB amongst the homeless in Manchester have not been reported, this possibility is now a significant threat.

What has already occurred is a number of cases of TB in homeless individuals whose circumstances make treatment very difficult. Although TB is normally fully curable, a lengthy course of treatment is needed, typically six months, and compliance with such a long course of treatment is a particular problem in those with no accommodation, and various other social problems. If treatment is partial or inadequate, the patient may relapse or, worse, develop a drug-resistant form of TB.

Co-ordinated action is taking place between public health, secondary and primary health care services as well as the homelessness service in the city to address this issue.

Homelessness and child health

Living in substandard housing can have a profound impact on a child's physical and mental development with implications for both their immediate and future life chances. Children affected by homelessness can face disruption to their education on top of the physical and mental health impacts.

Shelter, the housing and homelessness charity, report that a study in Birmingham found that 40% of children affected by homelessness, were still suffering mental health and developmental problems one year after being rehoused. Homeless children never know where they will be moved to next and many develop anxiety, depression and behavioural problems as a result of this³.

Research conducted by Shelter suggests that temporary accommodation has similar impacts on physical and mental health; 58% of families in temporary accommodation said that their health was affected as a result; those living in temporary accommodation for over a year reported increased use of health services and more problems with their health; and almost half of parents with children stated that they were depressed. Children living in overcrowded conditions miss out on the space and

³ 'Chance of a lifetime: The impact of bad housing on children's lives', Shelter (2006) https://england.shelter.org.uk/_data/assets/pdf_file/0016/39202/Chance_of_a_Lifetime.pdf

privacy they need to play, do homework and sleep properly. They may also experience hyperactivity, aggression, bedwetting, soiling and disturbed sleep patterns.

Healthcare issues to consider

The city has not yet undertaken a Joint Strategic Needs Assessment in relation to homelessness, and the information that is available to inform strategic planning is therefore not complete. Given the growing scale of homelessness in the city, this is a gap that will be addressed as a priority in 2016.

Despite the evidence that homelessness is an independent factor for premature mortality and is associated with extremes of deprivation and multi morbidity, homeless healthcare is still not sufficiently recognised as a mainstream issue. This is reflected by the fact that Urban Village's Homeless Health service is currently funded via three separate sources, year on year (Better Care Fund, Local Enhanced Service, and PMF).

Through One Team the development of integrated working at locality and patch level across health and social care is welcome. However, services that cover geographical areas and therefore have boundaries also present a challenge to offering equitable access to services for people who are transient, and therefore have no 'place'. For example, many of the patients registered Urban Village which is a North Manchester practice may either live on the streets (and have no locality) or move from hostels or B&Bs that are in another locality area.

Further consideration needs to be given to the design of integrated services and how these can ensure equity of access of marginalised groups such as homeless people, people who are seeking asylum, sex workers and the travelling communities.

The Greater Manchester Mental Health Strategy, and transition for current mental health services in Manchester, presents an opportunity to consider how to improve provision and access to mental health services for homeless people.

Recommendation: Approve the proposal to ensure Homelessness is a priority topic for the Joint Strategic Needs Assessment in 2016.

Recommendation: Endorse the Manchester Homeless Healthcare Standards to support equitable access and improved standards of healthcare services for homeless people.

Recommendation: A new approach to the delivery of mental health services for homeless people is required which is beyond the current eligibility criteria

Recommendation: Agree that healthcare funding for specialist homeless health services is a priority and should be placed on a secure and recurrent footing

Section Three

Homelessness - new approaches underway

There is much positive work delivered already through the many agencies and groups in the city who work with homeless people. Every day, services help to re-house people, access healthcare, daily activities, volunteering, training and employment opportunities and settled community life.

However, it is clear from the rising level of the challenge that we need to increase the co-ordinated response by all partners in the city, including businesses, faith and voluntary /community sector, and all public services to make an impact at the scale required. This is the purpose of the Manchester Homelessness Charter and Action Groups which will drive the work to implement the vision and values of the Charter.

Action to accelerate the response to the increase in rough sleeping has been taken over the last year. This has been coordinated through a separate Rough Sleepers Steering Group, chaired by Hazel Summers, with representation from the Deputy Chief Executive, Growth and Neighbourhoods, Director of Housing, Director of Neighbourhoods, Greater Manchester Police, Corporate Communications and Cityco.

The table at Appendix 3 is a summary of the action overseen by the Steering Group which has driven forward key pieces of work in relation to rough sleeping. This includes:

Opening of additional accommodation: Through opening empty council buildings, faith groups opening night shelters, and the extra provision of supported accommodation, the city has expanded the range of beds available. Registered Housing Providers are now working on a co-ordinated response to make permanent accommodation available to those in temporary accommodation who are ready to move on.

Single point of access for rough sleepers: This is provided via two day centres - the Booth Centre and Cornerstone; this provides a single access route for rough sleepers and integrates public service provision support. A Rough Sleepers Task and Targeting Group supports co-ordinated work on the most entrenched of rough sleepers.

Homelessness Prevention Grant: Homelessness prevention services were reviewed and a grant round was undertaken in summer 2015. The £530,000 grant round was directed at voluntary and community organisations that are specifically pro-active in preventing homelessness and reducing the number of rough sleepers in the city, ensuring nobody in the city need sleep rough for a second night; enabling access to suitable, sustainable accommodation and support services; and enabling homeless people to access volunteering, training and employment opportunities. Details of awards and focus are attached at Appendix 3.

Big Change campaign: An alternative giving campaign launched through the voluntary sector to encourage the public to change the way they give from on-street donations and cash, to an fund which homeless people can access. The campaign has raised £6000 to date. www.bigchangemcr.co.uk

Business and University Summits: Strategic work is taking place with businesses in the city and all university partners to maximise the contribution these sectors make to addressing the challenges of homelessness.

Mobilising the city: Significant engagement has taken place with people who live, work and visit the city across all sectors, including engagement with homeless people. The Manchester Homelessness Charter is the vehicle through which the city's approach to homelessness will be developed.

Section Four

Manchester Homelessness Charter

In October 2015 significant consultation took place with homeless people and a leader's event was held to discuss the city's response to the growing challenge of homelessness. The development of the Manchester Homelessness Charter is the product of these discussions, and will provide the major vehicle for direction and accountability for co-ordinated action across all partners.

Over the period November 2015 – January 2016 extensive consultation and engagement has taken place with homeless people, voluntary, community and faith sector, business and other interested partners to develop the vision and values set out below. This work is facilitated through Mustard Tree, a leading homelessness charity in Manchester, drawing on best practice nationally and internationally.

The vision, values and approach to implementation of the Charter is set out below. This is an emerging piece of work which will undertake further development over the next few months. It is intended that a series of Action Groups will be the mechanism for driving forward work, focusing on areas such as Mental Health, Employment Pathways, Temporary Accommodation. The next phase is to develop the Charter as a product, aligned to a new website and homelessness support web platform, ready to launch in June 2016.

Recommendation: The Board Members is asked to endorse the Manchester Homelessness Charter and to commit organisational support to its development.

Manchester Homelessness Charter

Vision

Manchester's aim is to put an end to homelessness in the city.

- We encourage individuals across Manchester to embrace the values of this charter
- We call on the city council, healthcare and other public sector services, charities, faith groups, businesses, institutions and other organisations to adopt this charter, and to implement it through improved working practices and specific pledges.

Values

While homelessness remains, this charter provides guiding principles concerning the rights of people who are homeless or at risk of homelessness, and our collective responsibilities in supporting them and working to overcome homelessness.

Home

Everyone who is homeless should have a right to a safe, secure home, along with the level of support that they need to create a good quality of life.

Safety

Everyone who is homeless has a right to feel safe from abuse, violence, discrimination, theft and degrading treatment. They should expect the full protection of the law.

Respect

Everyone who is homeless has a right to respect. They should be treated with dignity and should receive good quality service, like any citizen.

Equality of access and opportunity

Everyone who is homeless should be afforded equal access to information, services, and Manchester's institutions regardless of their accommodation status, age, gender, sexual orientation, nationality, ethnicity, religion or disability.

Voice and involvement

Everyone who is homeless has a right to play a part in determining their own solutions, in partnership with people from statutory, voluntary and faith-based organisations, businesses and institutions. Everyone who is homeless has a right to play his or her role in society.

Engagement

Everyone who is homeless should seek to articulate their needs, to engage with relevant services and to work with them in order to try to meet those needs. They should accept support being made available to them when sufficient choice and opportunity is on offer.

Communication and coordination

Everyone working with people who are homeless or at risk of homelessness has a responsibility to provide a consistent approach across services, and to work in meaningful partnership with other agencies to help end homelessness.

Implementation of the Manchester Homelessness Charter

We call on the city council, healthcare and other public sector services, charities, faith groups, businesses, institutions and other organisations to

- **Adopt the vision and values of the Manchester Homelessness Charter**
- **Make a pledge specific to your organisation**

Every organization has a role to play in improving outcomes for homeless people. Pledges could include a commitment make a donation to Big Change or a homeless charity; to offer employment or training opportunities; give time or share skills – support to develop pledges will be part of the offer. Pledges should be SMART (Specific, Measurable, Achievable, Relevant and Time-bound) so that progress and outcomes can be easily measured, both internally and by others.

- **Commit to working together by participating in one of the Action Groups set up to change the way homelessness is tackled in the city**

Organisations adopting the charter commit to working with Manchester City Council and Manchester's many homelessness charities and groups, to help develop new and innovative solutions to homelessness. People who are currently or recently homeless are also involved in all of the multi-agency task groups, so that other members can learn from their lived experience.

- **Display the Manchester Homelessness Charter** once it has been adopted and the relevant pledges made, as a sign of commitment to overcoming homelessness in Manchester.

This charter was co-created with many of Manchester's citizens who are currently experiencing homelessness, and with the support of dozens of organisations already working to overcome homelessness in Manchester.

Appendix One MANCHESTER HOMELESS HEALTHCARE STANDARDS

STANDARD ONE: HEALTH MUST FORM A SIGNIFICANT ELEMENT OF ANY ASSESSMENT OF NEEDS AND REMAIN A PRIORITY

People who are homeless often have physical health needs, mental health needs and substance misuse issues – these can be a trigger to homelessness, or a reason that people remain homeless and therefore it is a priority that these issues are addressed alongside accommodation and income issues.

Given the complex and chaotic nature of homelessness, people often don't consider their health to be a priority which can often lead to simple health issues becoming an emergency or chronic health issue and people having to access emergency and unplanned healthcare rather than routine continuity of health care – this can impact on all aspects of the life and therefore health needs should remain a priority issue alongside other issues and needs

STANDARD TWO: ALL CLIENTS MUST BE REGISTERED WITH A GP

Everyone is currently entitled to free primary care services, including refused asylum seekers, or other people who have no recourse to public funds.

Registering with a GP not only enables people to access a GP for any physical health issues but also acts as a gateway to accessing other services for mental health and substance misuse.

Registration should be a straightforward process but can sometimes be hindered by practices being unwilling to take patients that do not have a settled address. When this is the case, understanding the entitlement of the patient to register is fundamental.

Many of the clients that ICM work with will be eligible to be registered with Urban Village Medical Practice. Please contact a member of the Homeless Service on 0161 272 5652 to discuss this, and how to access the practice. However, where the client isn't eligible, the following information may be helpful;

- Many practices refuse to accept new patients if they do not have proof of address such as a tenancy agreement or recent utility bill or ID. This is based on historic good practice guidance issued in Manchester which suggests practices should ask for this to combat 'health tourism'. However, this is only guidance NOT a legal requirement, and practices should not insist on this, or cite this as a reason to refuse registration.
- To refuse a patient registration a practice list has to be officially closed. For the practice to do this, it has to apply to the area CCG and justify why it needs to close. The CCG then decide whether to accept the reason and formally close the list – there are very few reasons that the PCT will accept, and therefore very few practice lists that are closed in Manchester. Very few GP lists are actually

'closed' to new patients – some practices do tell prospective patients that this is the case. If you are told the practice list is 'closed', or not accepting new patients you can challenge this in the following way;

1. Check whether the CCG has formally closed the list by ringing NHS Choices on 0845 4647 or checking on www.nhs.uk.
 2. If the practice is *not* officially closed, you can challenge the practice about the reason for refusal. You are entitled to ask the practice for the reason in writing if you are refused.
 3. If the patient is refused by two practices, and you have the reasons in writing this can be taken to the CCG as they are responsible for either challenging the practice's refusal or finding the patient another GP practice that will accept them
- There is no contractual reason that GPs cannot register patients who do not have a fixed address and are not allowed to refuse registration for patients on these grounds. If patients do not have a fixed address they can register using the practice address. If homelessness is cited as a reason for refusal of registration, this must be challenged as this is not a valid reason
 - Practices sometimes state that the patient needs to sign the GMS1 registration form in person at the practice in order to be registered. This is *not* the case – this can be signed by a member of staff at the registering practice. Copies of the GMS1 form can be downloaded here <http://www.nhs.uk/ServiceDirectories/Documents/GMS1.pdf>
 - The Faculty for Homeless and Inclusion Health's 'Standards for commissioners and service providers' recommend full registration with a GP as opposed to a temporary registration

STANDARD THREE:

ALL CLIENTS SHOULD BE SUPPORTED TO ENGAGE WITH PRIMARY CARE SERVICES

Once a client is registered with a GP, she/he needs to be supported to engage with primary care – sometimes GP practices like patients to attend a 'health check' with the nurse before they are fully registered, and almost all practices operate an opt in appointment based system which your client will probably need support to navigate. It is important that clients are supported to understand that accessing continuity of healthcare is an important element of improving their circumstances and wellbeing

STANDARD FOUR:

CLIENTS SHOULD BE SUPPORTED TO BE SELF CARING IN RELATION TO THEIR HEALTH CARE NEEDS

Following on from Standard One, clients should be supported and enabled to manage their own health conditions. This will include the client accessing information about their health condition, knowing what treatments are available and deciding the

best one for them, in conjunction with their GP and accessing healthcare in a timely manner.

STANDARD FIVE: APPROPRIATE ACCESS TO OUT OF HOURS AND EMERGENCY CARE

As previously stated, people who are homeless often access healthcare in an unplanned way when they are in crisis – this is usually via A&E. The previous standards will support your clients to access continuity of healthcare in a planned and proactive way, but there may still be times when unplanned or emergency healthcare is required. When this happens, clients should understand how to access this appropriately e.g. accessing the GP out of hours on call, or attending a Walk In Centre, rather than attending A&E.

Appendix Two

Manchester City Council Rough Sleepers Strategy: Action May –February 2016

The table below is a summary of the action overseen by the Steering Group and reported to the members group since May 2015 which has driven forward key pieces of work. Significant consultation has taken place with homeless people and those with experience of homelessness to shape the action currently underway. It is anticipated that this work will need to be developed over the next two to three years.

Early intervention & Prevention	Status February 2016
Develop a single point of access for adult rough sleepers (young people's single point of access already operational)	Fully operational at the Booth Centre and Cornerstone
Set up dedicated Rough Sleepers Team with increased staffing resources.	Established and operational
Establish multi-agency Rough Sleepers Task and Targeting Group to deal with the most entrenched rough sleepers	Meeting monthly. 46 entrenched rough sleepers put forward for case discussions by agencies in first instance. Approx 5 new cases discussed per session including new cases referred in with high priority. Some good successes in getting people into temporary accommodation, move on to longer term solutions proving challenging. Generally a combination of alcohol; drugs; mental health. Drugs particularly prevalent and problematic in terms of engaging and accommodating. Strong engagement from services.
Homelessness Prevention Grant	New grant round awarded with emphasis on co-ordinated services.
Accommodation and support	Status
Open overnight accommodation provision to ensure that rough sleepers can sleep indoors during winter months. Link to need for evening provision to offer indoor venue for food and support.	<p>Emergency accommodation centres now open at Hulme Library and Beech Mount providing overnight accommodation for 20 rough sleepers at each centre per night. Investment in kind from Bruntwood, Timeout and Condeco.</p> <p>Ongoing work to reopen two shared houses on Ashton Old Road and Beresford Road over the winter months to provide an additional 24 bed spaces.</p> <p>6 additional bed spaces opened specifically for</p>

	<p>young rough sleepers at The Limes.</p> <p>Review of overnight provision and severe weather provision underway to plan for 2016/7.</p>
Homeless shared housing bed spaces reopened	40 bed spaces reopened in shared houses
Riverside ECHG to convert Brydon Court to general access beds	Operational. 22 beds, will accept people with dogs.
Diocese of Salford – Caritas (Cornerstones) generated funds to open overnight bedspaces during winter months.	Operational. 14 Beds.
Diocese of Manchester Homelessness Task Group	Opening overnight shelter using Housing Justice model, 8 churches participating on a rotating nightly basis, opened 12/1/16. 12 beds.
Spot checks on MCC funded hostel & temp accommodation	Unannounced visits completed. Action plan to address findings in progress.
Homelessness Prevention and Assessment Service	<p>Funding identified for additional resources to develop a specialist Domestic Violence & Abuse Homelessness Prevention response to be located with HPAS until March 2016. .</p> <p>Review of HAAS delivery model required given rising demand and pressure on emergency and temporary accommodation. In addition changes in case law around the homeless priority need test will result in more cases requiring complex levels of decisions. A business case proposal has now been developed to reconfigure the existing staffing resource which is currently being progressed.</p>
Improved pathways from Housing Related Support and homelessness services into appropriate accommodation	<p>Work is being progressed with registered providers. This will help to unpick some of the core reasons why people struggle to access accommodation. It will also analyse best practice from housing related support providers and ensure it is replicated across the accommodation services.</p> <p>Inspiring Change Manchester trialling a Housing First model for people with complex needs.</p>
Increasing the supply of 'Move On' Accommodation	<p>Work has progressed with both private and voluntary sector providers to look at the development of move on accommodation in the city. Often people are ready to leave high level of supported accommodation, but not ready to have their own tenancy. Move on accommodation will address this by providing a step down model of support.</p> <p>Registered Providers working to support 50</p>

	<p>residents in temporary accommodation to move into their own tenancies to free up temporary accommodation ensuring no-one in overnight provision goes back onto the streets.</p> <p>A number of 'step down' schemes now available including 11 spaces for people exiting housing related support at Stanley Grove, and a scheme for 9 young people at Spenser Court.</p> <p>Work is underway with NACRO who aim to lease 50 properties in the private rented sector to be used for people exiting supported and temporary accommodation.</p>
Peer Support expansion	Initial planning underway to scope expansion in peer support programmes to increase capacity in response to identified need.
Community Safety and Health	Status
New city centre management approach delivered through Director of Neighbourhoods	Team from City Centre Neighbourhood Delivery, GMP, Homelessness and UK Border Agency in place and operational. Work underway to mainstream this integrated approach
Urban Village Homeless Health Standards launched to ensure consistency of approach across primary care	Standards and training launched November 2015 and to be included in the Manchester Charter.
Health Needs Audit	Urban Village leading a Health Needs Audit with support from public health and Homeless Link Jan-March 2016
Prevalence Study of availability and usage of Legal Hubs	MMU commissioned to undertake study via Community Safety Partnership funding – findings due April 2016.
Communication and Engagement	Status
Manchester Homelessness Charter development – development of a position statement for the city on how we will all work together to tackle homelessness.	<p>Mustard Tree leading the development of the Charter following October 15 events talking to homeless people across the city and Leaders event in Friends Meeting House.</p> <p>Very strong engagement in follow up sessions November & December 15 across all sectors.</p> <p>Charter now in draft awaiting approval and launch in Spring 2016. Emerging as major potential framework to develop sustained partnerships across all sectors, and deliver innovation to address homelessness.</p>

<p>Alternative Giving campaign to ask the public to give in a different way, led by voluntary sector with MCC support. Two year campaign.</p>	<p>Big Change Campaign launched 1/12/15 Big Change Steering Group chaired by Riverside with VCS representation working with street umbrella group 'COR' (Coalition of Relief), and ex-homeless people. Project Manager appointed for 12 months. Donations via just giving to a managed charitable fund which homeless people can bid to directly for the items they need. £6000 raised and plans to increase</p>
<p>Homelessness Communication platforms</p>	<p>Work in progress to bring together Street Support, Big Change and Manchester Homelessness Charter into one cohesive website for the city.</p>
<p>Programme of engagement sessions with homeless people</p>	<p>Sessions held between June and October include Cornerstone, Young People's Support Foundation, Victoria House, Booth Centre, MCC Temporary Accommodation, Village Angels, Inspiring Change Manchester Hubspot. Engagement continues via Manchester Homelessness Charter development</p>
<p>Business & University Summits</p>	<p>Presentations and engagement sessions with business forums: Corridor, Northern Quarter, Hoteliers, Retailers delivered or scheduled. Collaborative work with universities both in relation to communications, volunteering and research underway.</p>
<p>Performance, intelligence and research</p>	<p>Status</p>
<p>MThink – shared database on rough sleepers</p>	<p>M-Think now live with the Rough Sleeper Team, and plans to bring key external services on line in the coming weeks.</p>
<p>Statutory Headcount</p>	<p>The statutory headcount carried out on 19th/20th November counted a total of 70 rough sleepers.</p>
<p>Performance and Intelligence 'dashboard' required to provide intelligence and analysis to inform and shape strategy.</p>	<p>In development by MCC Performance & Intelligence , in collaboration with the Homelessness Service and other key personnel. Key measures identified and production of out-turn has either started or is in development.</p>

Appendix Three

Homelessness Prevention Grant allocations

The Homelessness Services were reviewed and a Homeless Prevention Grant round was undertaken through July and August 2015; services commenced on the 1st September 2015. The Homeless Prevention Grant was directed at Voluntary and Community Sector services / organisations that are specifically pro-active in preventing homelessness and reducing the number of rough sleepers in the City, ensuring nobody in the City need sleep rough for a second night; enabling access to suitable, sustainable accommodation and support services; and enabling homeless people to access volunteering, training and employment opportunities.

There was £530,000 funding for the overall homeless prevention grant programme per annum.

The following organisations were funded.

Manchester Action on Street Health (MASH)

The service offer is:

- Offer an evening drop-in 3 times a week, and offer evening outreach (11pm – 2am) with female sex workers.
- Provide 1:1 advice, support, and advocacy to female sex workers/ women at risk of sex working who are homeless, or at risk of homelessness
- Provide support for 18-24 year olds sex working or at risk of sex working where homelessness is a factor.
- Develop and manage a volunteer programme delivering positive activities (arts, crafts, healthy eating, IT and job search) at Women's Direct Access. This volunteer programme will reach out to female non sex workers as well as sex workers.

Booth Centre and Business in the Community (BiTC)

The service offer is:

- Expand and develop an Advice and Skills Hub at the Booth Centre
- BiTC to deliver an education, training, volunteering and employment offer
- In partnership with other providers deliver a seamless pathway for rough sleepers and people at risk of homelessness and rough sleeping, to access appropriate advice, accommodation, support to address health and other issues and access to education, training and support to gain employment.

Mustard Tree

The funding partially funds a Coordinator for the Freedom Programme which will run 12 times a year with 18 people per cohort. It encourages independence and progression through training and employability. The Freedom Programme includes:

- 2+days per week volunteering in 1 of 6 workstreams
- Ready for work club
- Beginners IT
- Customer Services Training
- Provide Skills mentors
- Practical work experience
- Charity Shops
- Art programme
- Food Club
- Leadership Programme
- Counselling
- Health and Wellbeing Suite.

Riverside

The service offer is:

- Provide 14 beds for new rough sleepers at Project 394, for 24 hour referrals with 3 additional sit up beds available if full, and/or for cold weather provision; this will increase to 4 during Winter
- Once in 394, support can include: reconnection (within UK); support to find private accommodation; support to access benefits, bond schemes, grants, and other financial assistance; support to find more settled accommodation; support to return/go to a family home or stay with friends (where safe and appropriate).
- Provide 22 beds for entrenched rough sleepers at Brydon Court (also funded through HRS). Two sit up beds will provide accommodation for individuals with no access to public funds, and cold weather beds (this can be extended to 4 in Winter Months). They will accept dogs, removing a common barrier to rough sleepers moving inside. Due to the often complex needs of this client group, there will be 24/7 support
- Have a Street Link Worker who will receive referrals from the Rough Sleeper Hub and self-referrals on the street. They will work with people from the street to Brydon Court, providing a consistent point of contact. If a person from Brydon Court were to abandon accommodation/ return to the street, they would use their pre-existing relationship to quickly find them, support and encourage them to re-engage and support them back into accommodation
- A volunteer programme, street buddies and peer mentors to provide additional functions (eg accompanying clients to property viewings), and office space for ICM.

Young Peoples Support Foundation (YPSF)

The service offer is:

- Provide a homelessness prevention service for young people (18 – 25)
- Run a service providing independent high quality housing and benefits advice
- Housing appraisal of young people in housing need.
- Operate at both the city centre and Wythenshawe offices.
- Work with accommodation providers to provide a pathway for young people into accommodation

- Provide outreach services for homeless young people
- The contract that Children's Services hold with YPSF to prevent homelessness for 16 – 17 year olds, which is partially funded through the Homeless Prevention Grant was continued.

M Think

The Homeless Prevention Grant funds licences and development costs for the M Think database for all the commissioned organisations to input into to ensure there is a joined up service across the city.