

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 6 December 2023

Subject: Health and Homelessness

Report of: Director of Public Health
Executive Director of Adult Social Services

Summary

This report provides the Committee with an overview of the work on health and homelessness in Manchester. The work is co-ordinated through the Manchester Health and Homelessness Task Group which was established in 2016 under the leadership of the Director of Public Health (DPH). The group meets bi-monthly and is co-chaired by the DPH and Director of Adult Social Services and brings together all key partners from the NHS, social care and the VCSE. The group is now part of the citywide governance arrangements under the Manchester Homelessness Partnership. Members of the group will attend the Committee to highlight how their organisation will contribute to the delivery of the refreshed Manchester Homelessness and Rough Sleeping Strategy (2024-2027) which will be considered by the Council Executive on 13 December 2023.

Recommendations

The Committee is recommended to consider and comment on the information in this report.

Wards Affected: All

Environmental Impact Assessment -the impact of the issues addressed in this report on achieving the zero-carbon target for the city	Health care and homelessness related support partners contribute to zero-carbon targets in the city. Commissioned providers are required to pledge their zero-carbon targets as part of their contract with the Council.
Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments	Health care and homelessness related support partners aim to actively reduced health inequalities in Manchester and the focus of their work is on health inclusion.

Manchester Strategy outcomes	Summary of how this report aligns to the Our Manchester Strategy/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Providing targeted health care and support to homeless people is an important part of the city's economy which includes the creation of economic value, jobs, volunteering, and health innovation.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	The provision of health care and homelessness related support contributes to significant jobs and skills development in Manchester.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable is central to the Our Healthier Manchester Locality Plan including all aspects of tackling health inequalities and the Making Manchester Fairer work in the city.
A liveable and low carbon city: a destination of choice to live, visit, work	There are many links between health, communities, and housing in the city as per the Our Healthier Manchester Locality Plan. Health partners including commissioned providers have an important role in reducing Manchester's carbon emissions through the Manchester Climate Change Partnership.
A connected city: world class infrastructure and connectivity to drive growth	Transport infrastructure and digital connectivity are critical to providing effective health care and support for Manchester residents.

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

None.

Financial Consequences – Capital

None.

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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.

Alcohol, Drugs, and Community Stop Smoking and Tobacco Treatment Services in Manchester, Health Scrutiny Committee Report, 8 February 2023

An Update Report on Homelessness Services, Communities & Equalities Scrutiny Committee Report, 20 June 2023

1.0 Introduction

- 1.1 Health and homelessness are inherently linked. Poor physical and mental health, drug and alcohol misuse, and co-morbidities are more likely to be experienced by homeless people than the general population. Accessing health care services is more difficult for homeless people because of practical, social, systemic, administrative, and attitudinal barriers. These factors and increased levels of need lead to significant health inequalities for people experiencing homelessness. As a result, people experiencing homelessness are more likely to require urgent and emergency care because of advanced illnesses or conditions, rather than accessing preventative and primary care services. Physical disability, poor physical and mental health, drug & alcohol misuse can also contribute to an individual or family becoming homeless.
- 1.2 The mean age of death for men experiencing homelessness is 45 and for women it is 43 years. This is significantly below the life expectancy of the general population. The latest Office of National Statistics (ONS) published data on deaths of homeless people in England and Wales is based on 2021 death registrations. Nationally, there were 741 deaths of homeless people in England and Wales registered in 2021 of which 17 (2.3%) were in Manchester. The Manchester figure represents an increase of 54.5% (or 6 deaths) compared with the number registered in 2020. This figure is lower than the 28 deaths registered in 2019 and follows a notable fall in 2020.
- 1.3 Although providing suitable housing to homeless people is an essential first step, this does not resolve health problems. When homeless people die, they do not tend to die as a result of exposure of other direct effects of homelessness, but they are more likely to die of treatable medical problems, HIV related disease, liver and other gastrointestinal disease, respiratory disease, or acute and chronic consequences of drug and alcohol dependence.
- 1.4 This report provides the Committee with an overview of the work delivered by partners on the Health & Homelessness Task Group and a draft action plan is appended (Appendix 3.) The Task Group is co-chaired by the Executive Director of Adult Social Services and the Director of Public Health, and membership includes:
- GM NHS Integrated Care Board (ICB)
 - National Probation Service
 - Urban Village Medical Practice (UVMP)
 - Manchester Royal Infirmary, Manchester University NHS Foundation Trust (MFT)
 - GM Mental Health NHS Foundation Trust (GMMH)
 - Change Grow Live Services Ltd (CGL)
 - The Mustard Tree (a local charity)

2.0 Background

- 2.1 The Health and Homelessness Task Group was established as part of the Manchester Homelessness Partnership (MHP) and launch of the Manchester Homelessness Charter in 2016. The MHP has 2 key values:
- Inclusive partnership (collaborating across sectors)
 - Co-production including meaningful involvement of people with personal experience of homelessness.
- 2.2 The purpose of the Health and Homelessness Task Group was to work in line with the vision of the Homelessness Charter (to end homelessness together) and the values of the MHP to improve the health and wellbeing of homeless people in Manchester.
- 2.3 Many people with lived experience of homelessness were involved in co-writing the Manchester Homelessness Charter which is an integral part of the current MHP Homelessness Strategy 2018-2023. This strategy still resonates and focuses on key aims to:
- Make homelessness a rare occurrence: increasing prevention and early intervention.
 - Make homelessness as brief as possible: improving temporary and supported accommodation.
 - Make the experience of homelessness a one-off occurrence: increasing access to settled homes.
 - Reduce the number of people sleeping rough in the city.
- 2.4 To support and accelerate the successes of the MHP, and collaboration with the Greater Manchester Combined Authority, the Council began a refreshed transformation programme, A Place Called Home, in 2022. This programme has been focused on some of the most intransigent system issues such as the number of families and people in bed and breakfast accommodation. The key elements of the programme are:
- Increasing prevention
 - Ending rough sleeping
 - More suitable and affordable accommodation
 - Better outcomes and better lives for people and families at risk of homelessness or who are homeless.
- 2.5 The Health and Homelessness Task Group are very much linked into A Place Called Home and have contributed to the consultation and needs assessment work that is being progressed as part of the refreshed strategy (see 3.1 below).

3.0 Local and national strategies

Overarching

- 3.1 The current MHP Homelessness Strategy expires at the end of this year, and a new MHP Homelessness and Rough Sleeping Strategy 2024-2027 will be presented to the Council Executive on 13 December 2023.
- 3.2 The Making Manchester Fairer (MMF) Plan 2022-2027 gives further focus to areas of health inequality. Adults with multiple and complex disadvantages are identified as a key cohort for consideration (one of the four Kickstarters) under the MMF Plan 2022-2027 and the Committee received a report on this in October 2023.
- 3.3 The other overarching strategy is the Greater Manchester Homelessness Prevention Strategy 2021-2026 and this aligns with MMF principles and describes how we will work together across Greater Manchester to prevent homelessness for good – People, Participation, Prevention. It is recognised that if other localities in GM do not address this issue that increases demands and pressures on Manchester organisations.

Primary Care

- 3.4 The Manchester Homeless Healthcare Standards were developed by Urban Village Medical Practice (a Manchester based GP practice) and the Council in 2015/16 to support statutory and voluntary agencies. They were:
 - Health must form a significant element of any assessment of need and remain a priority.
 - All homeless people must be registered with a GP.
 - All homeless people should be supported to engage with primary and secondary health care services.
 - Homeless people should be supported to be self-caring in relation to their health care.
 - Appropriate access to out of hours emergency care.

The standards were embedded in national guidance in 2018 and continue to inform good primary care practice.

Drugs and Alcohol

- 3.5 The national Rough Sleeping Strategy 'Ending Rough Sleeping for Good' (Department for Levelling Up, Housing & Communities, 2022) provides a commitment to expand the Rough Sleepers Drug & Alcohol Treatment Grant (RSDATG) which the Council has been in receipt of since 2020/21.
- 3.6 'Ending Rough Sleeping for Good' connects to investment referred to in the current national cross-departmental Drug Strategy, 'From Harm to Hope'. This strategy has resulted in additional funding to localities including Manchester as highlighted in the Public Health Budget Report presented to the Committee in November 2023.

4.0 Key statistics / epidemiological information

4.1 Headline measures for homelessness and rough sleeping over the past 5 years (2018 – 2023) in England are as follows:

- Homelessness assessments – the number of household assessments remained between 70,000 and 80,000 per quarter (3-month period.)
- Temporary accommodation – households in all types of temporary accommodation increased by 26%.
- Families in bed and breakfast for more than 6 weeks increased by 83%.
- Rough sleeping – the single night count of people sleeping rough decreased from 2018 – 2021 but then increased by 26% in 2022.

4.2 Headline measures for homelessness and rough sleeping in Manchester during the current MHP Homelessness Strategy period (2018-2023) are as follows:

- Between 2021 and 2022, Manchester opened the highest number of homeless applications in England (6,660.) Over the Strategy period, there has been an increase in homelessness applications opened in Manchester.
- The top 5 reasons for loss of settled home in Manchester are as follows and reflect the national position:
 - Family and friends not willing or able to accommodate. (This has remained the top reason, increasing slightly during the Covid-19 pandemic.)
 - End of private rented tenancy – assured short-hold tenancy.
 - Domestic abuse
 - Relationship with partner ended (non-violent breakdown)
 - End of private rented tenancy – not assured shorthold tenancy.

4.3 The number of people sleeping rough is either counted or estimated by local authorities across the country between 1 October and 30 November annually. The number of people sleeping rough in Manchester has decreased from 123 people seen in 1 night in November 2018 to 58 people in November 2022. Since November 2020, Manchester has conducted bi-monthly counts which has shown that rough sleeping fluctuates seasonally with more people sleeping rough during the summer months than the winter months.

4.4 Headline findings on the support needs of people owed a statutory homelessness duty by Manchester City Council are as follows. The top 3 are:

1. History of mental health problems (an increase of 56% since 2018)
2. Physical ill-health and disability (an increase of 103% since 2018)
3. At risk of or has experienced domestic abuse (an increase of 97% since 2018.)

4.5 Increases were also reported on the following demographic characteristics:

1. Old age (an increase of 225% since 2018)
2. Care leaver aged 21 and above (an increase of 125% since 2018)
3. Former asylum seeker (an increase of 121% since 2018)

Key health statistics from the National Health Needs Audit Report

- 4.6 The national Homeless Health Needs Audit Report 'The Unhealthy State of Homelessness' (Homeless Link, 2022) uses aggregated data gathered from 31 Individual Homeless Health Needs Audits completed between 2015-2021 representing 2,776 individual responses. The findings provide a clear narrative of health inequalities:

Physical Health

- 4.7 78% of respondents in 2018-21 reported having a physical health condition, increasing from 76% in 2015-17 and 73% in 2012-14. The most common reported condition was joint aches / problems with bones and muscles, followed by dental / teeth problems.
- 4.8 80% of those with a physical health condition reported having at least one co-morbidity, with 29% having between 5 and 10 diagnoses. 63% of respondents in 2018-21 reported having a long-term illness, disability, or infirmity. This compares to 22% in the general population.

Mental Health and Substance Use

- 4.9 The number of people with a mental health diagnosis increased substantially from 45% in 2012-14 to 82% in 2018-21. This compares to a national population average of 12% (as reported via the GP Survey, 2021.) This increase has been driven by people reporting depression, rising from 36% in 2012-14 to 72% in 2018-21, and anxiety from 6% to 60%. In 2015-17 and 2018-21, 25% of respondents stated they had post-traumatic stress disorder.
- 4.10 81% of those with a mental health condition reported experiencing at least 2 mental health conditions with 17% reporting 5 or more. Whilst 25% of respondents self-reported co-existing mental health and substance misuse needs, a further 45% reported that they self-medicate with drugs and/or alcohol to help them cope with their mental health.
- 4.11 In 2018-21 and 2015-17, just over half of respondents reported they had used drugs in the last 12 months. Cannabis was the most commonly used substance with reported use of heroin, cocaine and crack cocaine increasing.
- 4.12 76% of respondents reported that they smoke cigarettes, cigars, or a pipe. This is compared to a national figure of 13.8%. Of those who smoke, 50% would like to give up though 46% stated they had not been offered smoking cessation help or advice.

Health care provision

- 4.13 71% of respondents reported they are currently taking a form of prescribed medication. This is a higher figure than for the general population for which it is reported that 48% of adults had taken at least one prescribed medication in the last week.

- 4.14 54% of eligible respondents in 2018-21 reported being up to date with cervical screening compared to 70.2% of the general population.
- 4.15 97% of respondents reported being registered with a GP or homeless healthcare centre in 2018-21, an increase from 92% in 2015-17. However, 6% reported that they had been refused registration in the past 12 months before completing the survey.
- 4.16 Dentist registrations are lower than GP registrations with 53% of respondents reporting that they were registered with a dentist in 2015-21. 10% of respondents had been refused registration with a dental practice in the past 12 months.
- 4.17 In 2015-21, 48% respondents had used A&E services in the past 12 months. 11% of respondents had used A&E services more than 3 times in the past 12 months. The most common reasons relate to physical health conditions (37%) but 28% of admissions were due to either a mental health condition, or self-harm or attempted suicide. Almost a quarter of respondents (24%) were discharged onto the street and 21% were discharged into accommodation that was not suitable for their needs.

Specific Manchester reports

- 4.18 Research conducted by Shelter Manchester volunteers in partnership with Groundswell in 2021 found that key barriers to accessing health care included:
- Lack of phone credit
 - Poor access to the internet
 - Lack of ability to travel to healthcare centres.
 - Lack of accessible information and assumptions that a fixed address is needed to access services.
- 4.19 A local health needs audit was carried out in 2021 on new patients registered with Urban Village Medical Practice (UVMP), a GP practice based in Ancoats, Manchester. The audit included 76 patients, 55 male, 21 female. High levels of substance misuse, mental health problems and blood borne viruses were found (see Appendix 1.) The findings are similar to local analysis in 2018. The findings also demonstrate access to primary care offered by UVMP with high levels of new patient health checks and associated interventions and health promotion. At the end of 2021, UVMP had 764 homeless people registered. During 2021, the service registered 203 people, an average of 17 new patients per month.)

5.0 Work of partners on the Task Group

5.1 Urban Village Medical Practice (UVMP)

UVMP is a GP practice delivering primary health care to over 13,000 general patients. For over 20 years, the practice has also delivered a primary healthcare service to homeless people in Manchester. The service

understands the significant health inequalities experienced by this population and the targeted response required to meet these needs. The service provides:

- Proactive engagement with people experiencing homelessness including nurse led outreach sessions in a clinical van on the streets and at day centres and hostels.
- Full registration with UVMP for patients that need it and care navigation for patients that are registered with a different GP.
- Flexible and easy to access range of healthcare services including the full range of comprehensive primary care available to all registered patients including GPs, nurses, tissue viability nurses, sexual health, blood borne virus treatment, drug misuse assessment and treatment and mental health services.
- A hospital in-reach service delivered by clinical and non-clinical team members offering comprehensive discharge planning in partnership with hospital teams for homeless people who are admitted to Manchester Royal Infirmary.
- Working with partner agencies to increase the understanding of the importance of equitable access to healthcare for homeless people and encouraging homeless people to access care and address their health needs.

5.2 MPATH (Manchester Pathway)

This is a hospital in-reach service, a partnership between MFT and UVMP. This service aims to reduce health inequalities and ensure continuity of care across primary and secondary care for people experiencing homelessness who have been admitted to hospital. Evidence suggests that this service leads to better outcomes, reduced hospital admissions / readmissions and reduced length of stay. The team provides a daily presence at the Manchester Royal Infirmary from Monday to Friday of a GP and a specialist practitioner who work alongside the hospital teams to develop safe discharge plans. During 2021, this in-reach service:

- Engaged and assessed 384 patients.
- Referred 137 patients to local authorities for homelessness assistance.
- 127 patients were registered with UVMP at the point of discharge.
- 176 patients retained their housing placements while in hospital.
- 82 patients were offered a new housing placement on discharge from hospital.

5.3 Mental Health and Homeless Team (GMMH)

The Mental Health and Homeless Team (MHHT) provide an assertive outreach model of engagement to homeless people in Manchester from Monday to Friday (9.00 am – 5.00 pm.) The service is trauma informed, person centred and delivered by a multi-disciplinary team including mental health practitioners, psychiatry, psychology, social workers, and mental health nurses who provide:

- Screening of referrals for people presenting with mental health concerns, assessments, and low-level interventions.
- Recommendations for treatment initiation, to GP or mainstream mental health services.
- Consideration of the need for assessment under the Mental Health Act and supporting the process for hospital admission when this is required.
- Management of transitions into mainstream mental health services where formal treatment needs are identified.
- Care Act assessments.
- Leadership on safeguarding investigations when the team is working with an individual.
- Liaison with speech and language and neuropsychology when consultation and advice is required.
- Place based working arrangements with partners, when capacity allows, including day centres, GPs, temporary accommodation.
- Joint working arrangements with CGL to manage co-occurring substance misuse and mental health conditions.
- Psychological Informed Environment's (PIE) training to the wider homelessness sector.

The latest data available on the team confirms that in Quarter 2 of 2023/24 (July - September), 213 referrals were received and accepted.

5.4 Drug and Alcohol Treatment and Support Services (CGL)

The report to Health Scrutiny Committee on 8 February 2023 provided a description of the service provided by CGL which includes engagement (in-reach/ outreach), structured treatment and recovery support. Additional Office of Health Improvement and Disparities (OHID) Grant funding schemes are referenced in the budget report presented to the Committee on 8 November 2023. CGL has been receiving investment from the Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG) since 2020/21 specifically to meet the needs of people experiencing rough sleeping or at imminent risk of doing so. RSDATG supports enhanced delivery of structured treatment and in-reach/outreach provision. Various posts include key worker, outreach support, non-medical prescriber resource, prison in-reach, communications, and trauma informed psychological interventions supported by MHHT (see section 5.3).

As well as support from the RSDATG, CGL are providing additional outreach activity, via other funding schemes, to support people who are street based and/or homeless. This is enabling CGL to respond to the increasing engagement needs of the homeless population and wider support services that work in partnership to deliver outreach engagement. For example, services provided by Mustard Tree and the Street Engagement Hub which are described in the next section (see 5.5). This enhancement supports:

- Developing capacity and resilience to maximise street outreach and engagement opportunities.

- Fast tracking individuals into treatment services and ensuring expertise to case manage people with a range of complex needs.
- Ensuring a targeted and tailored response to meet the needs of this vulnerable population in Manchester.

5.5 Mustard Tree

The Mustard Tree is a registered charity based in Ancoats, Manchester and their mission is to combat poverty and prevent homelessness. The Chief Executive Officer (CEO) provides the Health and Homelessness Task Group with a perspective of a charity based in the voluntary sector. The CEO represents their organisation on various Boards and groups including the Greater Manchester VCSE Sector Leaders Group. The Mustard Tree aims to create opportunities for people to improve economic wellbeing and find settled homes, and they do this through providing Community Shops, training placements, support services, gifting schemes, vocational training, and creative courses.

The Mustard Tree hosts the Street Engagement Hub (SEH) on Tuesday and Thursdays (10.00 am – 1.00 pm.) This is a multi-agency initiative which is led by Community Safety officers in the Council and Greater Manchester Police (GMP). The Hub aims to reduce begging and anti-social behaviour in the city centre, and engage people with services, reduce harm and move people away from a street-based lifestyle. A wide range of partners have been involved and an independent evaluation of the SEH in 2021 referred to the Hub as innovative and concluded that the Hub had brought together a very committed group of individuals and organisations from across different sectors. Recommendations for further development are being taken forward by the steering group for the Hub. The evaluation included some service user and practitioner feedback on the difference that this multi-agency initiative had had on health and some of this feedback is provided in Appendix 2.

5.6 National Probation Service

The Probation Service in Manchester have recently joined the Task Group. Earlier this year, NHS England (NHSE) and the HM Prison and Probation Service (HMPPS) rolled out Health & Justice Partnership Coordinators across England and Wales. They have a pivotal role in working with partners to improve access to and connections with community health care and drug & alcohol treatment for people on Probation. Indeed, a key part of their role is supporting continuity of care of drug and alcohol treatment for people leaving prison and increasing the numbers of people who are sentenced to Drug Rehabilitation Requirements (DRRs) at Court.

5.7 Homeless Families Health Visiting Team (Manchester University NHS Foundation Trust)

The citywide Health Visitors Service is delivered by Manchester University NHS Foundation Trust (MFT) and provides mandated health checks for 0–2-year-olds, perinatal mental health assessments, and infant feeding support. A

small Homeless Families Team is based within the service and are also supported by health visitors from the main service. In the main service, caseloads are approximately 1:385, 1 health visitor to 385 children. At the end of June 2023, there were 1,039 0–4 year-old children living in temporary accommodation in the city. Caseloads are approximately 1 health visitor to 127 children (1:127) to ensure these families can be offered more prompt support.

5.8 New Social Work Team for people who sleep rough (MCC Adults Directorate)

The RSDATG has supported the development of a small social work team in the Council from September 2023 to focus on undertaking Care Act assessments. The Care Act 2014 includes a requirement to assess the needs of anyone who appears in need of care or support. The team works to 'A Place Called Home' principles and coordinates a weekly Homelessness Partnership meeting (Mondays 10.00 am – 12 noon) with a wide range of partners to discuss and agree integrated multi-agency approaches. This development follows research that was undertaken by the Directorate following the Covid-19 pandemic, which revealed 'hidden' issues in a cohort of people whose rough sleeping was considered to be entrenched. These hidden issues included Trauma, Acquired Brain Injury (ABI) and Neurodiversity and other health related conditions.

5.9 Department of Public Health

The Department of Public Health commissions drug and alcohol services, sexual health services, children's public health services and wellbeing services as well as overseeing the delivery of the Making Manchester Fairer Action Plan. The Department ensures that the needs of the homeless population are considered through all the services that are commissioned and the MMF kickstarter programme focusing on adults with multiple and complex disadvantage has a particularly strong focus on this group. Furthermore, the Department also hosts the ACEs and Trauma Informed Programme for Manchester and the Programme Leads work closely with all the partner agencies listed above.

6.0 Conclusion and next steps

- 6.1 Homelessness has a devastating impact on health. It is associated with tri-morbidity, complex health needs, and premature death.
- 6.2 Tri-morbidity is the combination of physical ill-health with mental ill-health and drug or alcohol misuse. Often, this complexity is associated with advanced illness or long-term conditions in the context of a person lacking social support who feels ambivalent about accessing care and their own self-worth. In addition, tri-morbidity often has its starting point in histories of complex trauma which impact on developmental trajectories, emotional wellbeing, and mental health.

- 6.3 The Transformation Programme (A Placed Called Home) operates in a challenging context with the cumulative impact of austerity, Covid-19, the cost-of-living crisis, and the impact of national decisions on the asylum and migration process continuing to impact and exacerbate hardship for local communities, more often those with the least resources.
- 6.4 The Council and partners are absolutely committed in their mission to end rough sleeping and to achieve better outcomes and better lives for homeless people. The Health and Homelessness Task Group will continue to progress work in this area and ensure an integrated, multi-disciplinary approach. The Task Group are currently developing their action plan for 2024/25 and the initial draft is attached as Appendix 3.

7.0 Recommendations

- 7.1 The Committee is recommended to Consider and comment on the information in this report.

8.0 Appendices

Appendix 1 Presenting health problems of new patients registered with Urban Village Medical Practice from April – September 2021

Appendix 2 Service user and practitioner voices from the Street Engagement Hub Evaluation

Appendix 3 DRAFT Health & Homelessness Task Group - Action Plan