

Health and Homelessness in Manchester

Joint Strategic Needs Assessment
(JSNA)

December 2023



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Introduction: What is the Joint Strategic Needs Assessment (JSNA)?

The Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) states that every local authority must produce a Joint Strategic Needs Assessment (JSNA) covering the population(s) within its area

Local Health and Wellbeing Boards are statutorily responsible for assessing the health and wellbeing needs of their population and for publishing a JSNA.

Local partners are responsible for agreeing the content, format and frequency of update of the JSNA. There are no national standards for this.

Local authorities, Integrated Care Boards (ICBs) and NHS England must have regard to the JSNA when planning health and care services for the populations they are responsible for.

Health and Homelessness JSNA

This is a refresh of the Joint Strategic Needs Assessment (JSNA) on working age adults experiencing chronic homelessness that was initially published in 2017.

It provides a summary of the evidence and data regarding the health of people who are rough sleeping or experiencing homelessness in Manchester.

The JSNA describes some of the health issues that are known to affect Manchester residents experiencing, or at risk of experiencing, homelessness and rough sleeping.

It also describes what Manchester City Council and other organisations working in the city are doing to support this cohort of people as well as some of the opportunities for action that exist.

The content of the JSNA will support and inform the new Manchester Homelessness and Rough Sleeping Strategy 2024-2027

Populations covered in the JSNA

This JSNA covers two distinct categories of people:

- Individuals or families experiencing (or at risk of experiencing) homelessness, including families with children
- People (predominantly single people) who are rough sleeping or at risk of rough sleeping

The historical focus on people who are rough sleeping means that the existing data and evidence in respect of the health of homeless people is mainly focused on this cohort of people.

It is acknowledged that there is a gap in the content of this JSNA around the health of individuals, families and children experiencing other forms of homelessness which will be addressed in future iterations of the work.

Manchester Homelessness Partnership

The [Manchester Homelessness Partnership \(MHP\)](#) was formed in 2016 in response to growing concerns about high levels of visible rough sleepers in Manchester City Centre and a rise in all forms of homelessness across Manchester.

The partnership aims to bring together people with personal experience of homelessness with a range of charity and voluntary organisations, statutory bodies and businesses to co-produce solutions to end homelessness.

The MHP hosts a number of Action Groups that are designed to actively involve people who are or have been homeless in the planning, design and evaluation of services.

The new Homelessness and Rough Sleeping Strategy 2024–2027 has been developed with the Manchester Homelessness Partnership.

Manchester Health and Homelessness Task Group

The work to refresh the Health and Homelessness JSNA has been carried on behalf of the Manchester Health and Homelessness Task Group.

The Group was established in 2016 as part of the Manchester Homelessness Partnership (MHP) to support the vision set out in the Manchester Homelessness Charter to end homelessness and improve the health and wellbeing of homeless people in the city.

The Task Group is co-chaired by the Executive Director of Adult Social Services and the Director of Public Health

Membership of the group currently includes NHS Greater Manchester (GM ICB), the National Probation Service, Urban Village Medical Practice, Manchester NHS Foundation Trust (MFT), GM Mental Health Trust (GMMH), St Ann's Homeless Palliative Care Service, Change Grow Live (CGL) and the Mustard Tree (a local charity).

What do we know about the health of people experiencing homelessness or rough sleeping?

Why is the health of people experiencing homelessness an important issue?

- 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, particularly those who are rough sleeping, compared with the general population.
- Accessing health care services is more difficult for homeless people because of practical, social, systemic, administrative and attitudinal barriers.
- These factors result in 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 and alcohol misuse can also contribute to an individual or family becoming homeless

Homeless Health Needs Audit (HHNA): Homeless Link

The [Homeless Health Needs Audit \(HHNA\)](#) is a survey tool developed by Homeless Link to help local areas to understand the physical and mental health needs of people experiencing homelessness in their communities and how they access service.

Homeless Link published the first Unhealthy State of Homelessness report in 2019. In 2022, they published an updated report ([“The Unhealthy State of Homelessness 2022”](#)) which summarised data from 31 individual HHNAs carried out between 2015 and 2021. The largest group of people surveyed as part of these HHNAs were those living in a hostel / supported accommodation or rough sleeping.

In the absence of comprehensive local data, national data from the HHNA has been used as part of this JSNA to provide a picture of the health needs of people experiencing homelessness.

As part of the JSNA, we will work to collate existing local data on the health of people experiencing homelessness in Manchester and develop new data collection mechanisms to fill any gaps in the evidence base, particularly around the health of individuals, families and children experiencing homelessness / non-rough sleepers.

Physical health of people experiencing homelessness (rough sleeping)

- In 2018-21, 78% of people experiencing homelessness reported having a physical health condition. This represents an increase compared with 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.
- 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 reported having a long-term illness, disability, or infirmity. This compares to 22% in the general population.

Source: National Homeless Health Needs Audit Report (Homeless Link, 2022)

Mental Health and Substance Use among people experiencing homelessness (rough sleepers)

- The number of people with a mental health diagnosis increased substantially from 45% in 2012-14 to 82% in 2018-21. This increase has been driven by increases in people reporting depression and anxiety.
- In 2018-21, 81% of those with a mental health condition reported experiencing at least 2 mental health conditions with 17% reporting 5 or more.
- Around 25% of respondents self-reported co-existing mental health and substance misuse needs and a further 45% reported that they self-medicate with drugs and/or alcohol to help them cope with their mental health.
- Just over half of respondents reported they had used drugs in the last 12 months. Cannabis was the most commonly used substance but reported use of heroin, cocaine and crack cocaine has been increasing.
- 76% of respondents reported that they smoke cigarettes, cigars or a pipe compared to a national figure of 13.8%.

Source: National Homeless Health Needs Audit Report (Homeless Link, 2022)

Health care provision among people experiencing homelessness (rough sleepers)

- In 2018-21, 71% of respondents reported they were 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.
- 54% of eligible respondents in 2018-21 reported being up to date with cervical screening compared to 70.2% of the general population.
- 97% of respondents reported being registered with a GP or homeless healthcare centre - 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.
- 53% of respondents reported that they were registered with a dentist with 10% reporting that they had been refused registration in the past 12 months.

Source: National Homeless Health Needs Audit Report (Homeless Link, 2022)

Health care provision among people experiencing homelessness (continued)

- In 2015-21, 48% respondents had used A&E services in the past 12 months and 11% 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.

Source: National Homeless Health Needs Audit Report (Homeless Link, 2022)

Deaths of homeless people in England and Wales

- 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. The statistics mainly cover people who, at the time of their death, were sleeping rough or using emergency accommodation such as homeless shelters.
- The latest figures for 2021 are lower than the 28 deaths registered in the year immediately prior to the pandemic (2019) and follows a notable fall in 2020.
- The definition of homelessness used in these figures is based on information available in death registrations data and mainly includes people sleeping rough or using emergency accommodation, such as homeless shelters and direct access hostels, at or around the time of death.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2021registrations>

Health of homeless families and children

Living in bed and breakfast (B&B) hotels and other forms of temporary accommodation can be particularly detrimental to the health and development of children.

A study undertaken by the [Shared Health Foundation](#) found that children living in temporary accommodation are at greater risk of suffering from poor health, social and educational outcomes, with indirect consequences to their emotional well-being and mental health.

For example, living in B&Bs can reduce the ability of families to plan and cook nutritious meals, resulting in diets high in fat, sugar and salt, with a resulting impact on both short term and long-term health outcomes, inappropriate acute hospital admissions, as well as performance and behaviour.

The stressful or traumatic experiences of being made homeless and can also have an adverse and long-term impact on the social and health outcomes of children.

Source: Homeless Families: The Gold Standard (Shared Health Foundation, 2021)

Climate change and people experiencing homelessness

The UKHSA Health Effects of Climate Change in the UK report makes it clear that those less able to control their environment, adapt their behaviours or respond to new risks will be particularly vulnerable to the health impacts of climate change.

Exposure to high or low temperatures during periods of hot and cold weather can have negative impacts on human health and can lead to increased hospitalisations and deaths. Climate change is likely to increase the length and frequency of extreme weather events. People experiencing homelessness are thought to be at higher risk of harm during very hot or cold weather.

Rough sleepers are likely to be particularly affected by changes in weather patterns, particularly temperature, rainfall and wind speed, and may also be more exposed to outdoor air pollutants such as particulate matter (PM), nitrogen dioxide (NO₂), and ozone (O₃), which are known to reduce life expectancy and are associated with a range of negative health effects, including respiratory and cardiovascular disease.

Source: Health Effects of Climate Change in the UK (UKHSA, 2023)

What do we know about the patterns of homelessness
and rough sleeping in Manchester?

Headline measures of homelessness and rough sleeping in England

Headline measures for homelessness and rough sleeping over the past five years (31 March 2018 to 31 March 2023) in England*

- The number of households assessed remained relatively stable between 70,000 and 80,000 per quarter
- The number of households in all types of temporary accommodation has increased by 26%
- The number of households in bed and breakfast placements has increased by 107%
- The number of households in bed and breakfast for more than six weeks has increased by 83%
- The single-night count of people sleeping rough decreased from 2018 to 2021 (partially as a result of 'Everyone In') but has since increased by 26% in 2022.

*England, as Wales and Scotland have different statutory duties

Homelessness applications and outcomes in Manchester (2021/22)

- In 2021/22, Manchester opened 6,525 homeless applications - the highest number of any Local Authority in England.
- The number of homeless applications opened increased by 54% between 2018/19 and 2021/22.
- The proportion of homeless applications opened at the prevention duty stage (when people are at risk of homelessness and no temporary accommodation is owed) is below the national average.
- The percentage of homeless applications in Manchester that result in a settled accommodation outcome at both the prevention and relief duty stage are below the national average.
- The rate of placements in temporary accommodation in Manchester (13.2 per 1,000 households) is amongst the highest outside of London.
- The number of children in temporary accommodation has doubled, peaking at 4,424 in January 2023. As of the end of June 2023, the number in Manchester has decreased to 3,830 - a reduction of 13% since January 2023.

Source: Report of Director of Housing Operations to Communities and Equalities Scrutiny Committee (Jan 2023)

Top 5 reasons for loss of settled home in Manchester

Manchester reflects the national trend in the reasons for the loss of a settled home. The top five reasons are:

1. Family or friends no longer willing or able to accommodate
2. End of private rented tenancy (assured short-hold tenancy)
3. Domestic abuse
4. Relationship with partner ended (non-violent breakdown)
5. End of private rented tenancy (not assured shorthold tenancy)

The categories above have remained the same over the period with a slight fluctuation in order between April 2020 and 31 March 2023.

Homelessness: social and economic factors

- There has been a significant increase in Black and Asian households owed a homeless duty (84% and 61% respectively)
- The availability of homes let through the Housing Register has decreased every year since 2018. In 2022/23, around 2,200 homes were let through Manchester Move compared to 2,850 in 2017/18
- The number of market and affordable homes completed in 2022/23 fell to 1,907, compared to 3,762 in 2021/22
- The average cost of renting a two-bedroom property is below the Local Housing Allowance (LHA) rate in every ward in the city. The average cost of renting a two-bedroom property outside the city centre is £336 above the LHA rate. For three-bed and four-bed properties, the figures are £523 and £718 respectively
- The long-term void rate of social housing remains low, with 1.2% of properties in the city centre and 0.6% of properties elsewhere remaining empty for more than 6 months.
- The Council's Local Welfare Provision spend (used for furniture packages, fuel grants and cash grants) increased from £473,900 in 2018/19 to £770,070 in 2022/23.

Health and other support needs of homeless applicants in Manchester

Where a local authority is satisfied that a homeless applicant is eligible and either homeless or threatened with homelessness, it must complete a 'holistic and comprehensive' assessment of their support needs.

The top three support needs of people owed a homeless duty in Manchester and the percentage increase since 2018:

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

The top three increases in support need recorded:

1. Old age (225% increase)
2. Care leaver aged 21 and over (125% increase)
3. Former asylum seeker (121% increase)

Levels of rough sleeping in Manchester

- Rough sleeping has decreased from 123 people seen bedded down in one night in November 2018 to 58 people seen bedded down in November 2022. The latest count showed that only 43 people were seen bedded down.
- Since November 2020, Manchester has also conducted bi-monthly street counts. This data shows that rough sleeping fluctuates seasonally, with more people being rough sleeping in the summer and fewer people found in the winter. The most recent bi-monthly count in May 2023 found 37 people - a steady decrease from a peak of 61 people sleeping out in September 2022.
- The number of people found sleeping rough by the Outreach Team each quarter has increased from 76 people in April-June 2018 to a peak of 293 people in January-March 2023. This suggests that while the number of people sleeping rough on a given night is decreasing, the cohort of people that the Outreach Team find sleeping rough and offer support to is increasing.

Levels of rough sleeping in Manchester (continued)

- Around 15% of people seen bedded down were female. However, this is likely to be an underestimate, as women are more likely to remain hidden when sleeping rough. The age profile of people found sleeping rough has got younger: the most common age groups are now 25–35 and 35–45 (previously 35–45 and 45–55).
- Around a third of people seen sleeping rough each quarter are new to rough sleeping. The remaining two thirds are already known to the Outreach Team.
- Someone is defined as sleeping rough ‘long-term’ if they have been seen in 3 or more separate months in the last 12 months. The percentage of people seen sleeping rough that were doing so long-term increased from 19.7% in April-June 2018 to a peak of 41.6% in April-June 2022. However, since that point, the percentage has decreased to 27.3% in January-March 2023.
- Someone is defined as ‘returning’ to rough sleeping if they are seen bedded down again after not being seen bedded down for 6 months. The percentage of people seen sleeping rough that are returners increased slightly from 14.5% in April-June 2018 to a peak of 24.3% in July-September 2021, but the figure has subsequently fallen to 15.4% in January-March 2023.

Health inequalities affecting people sleeping rough

- Access to primary care for people experiencing or at risk of becoming homeless/sleeping rough can be limited for people without a fixed address. This can be compounded by cultural or language barriers and affordability issues.
- Children living in Temporary Accommodation are at greater risk of suffering from poor health, social and educational outcomes, with indirect consequences to their emotional well-being and mental health (see [APPG Call for Evidence, January 2023](#))
- Around half of people sleeping rough in Manchester have been assessed as having mental health and substance misuse support needs - commonly known as 'dual diagnosis' - which can make accessing support for either support need more difficult.
- Access to mental health support is a particular barrier facing people sleeping rough.

National and local strategies to address homelessness and rough sleeping

National and local strategies to address homelessness and rough sleeping

- National Rough Sleeping Strategy ('Ending Rough Sleeping for Good'), Department for Levelling Up, Housing and Communities (2022)
- Greater Manchester Homelessness Prevention Strategy 2021-2026
- Manchester Homelessness Charter (2016)
- Manchester Homeless Healthcare Standards (2015/16)
- Manchester Homelessness Strategy 2018-2023
- Manchester Homelessness and Rough Sleeping Strategy 2024-27
- Making Manchester Fairer (MMF) Plan 2022-2027

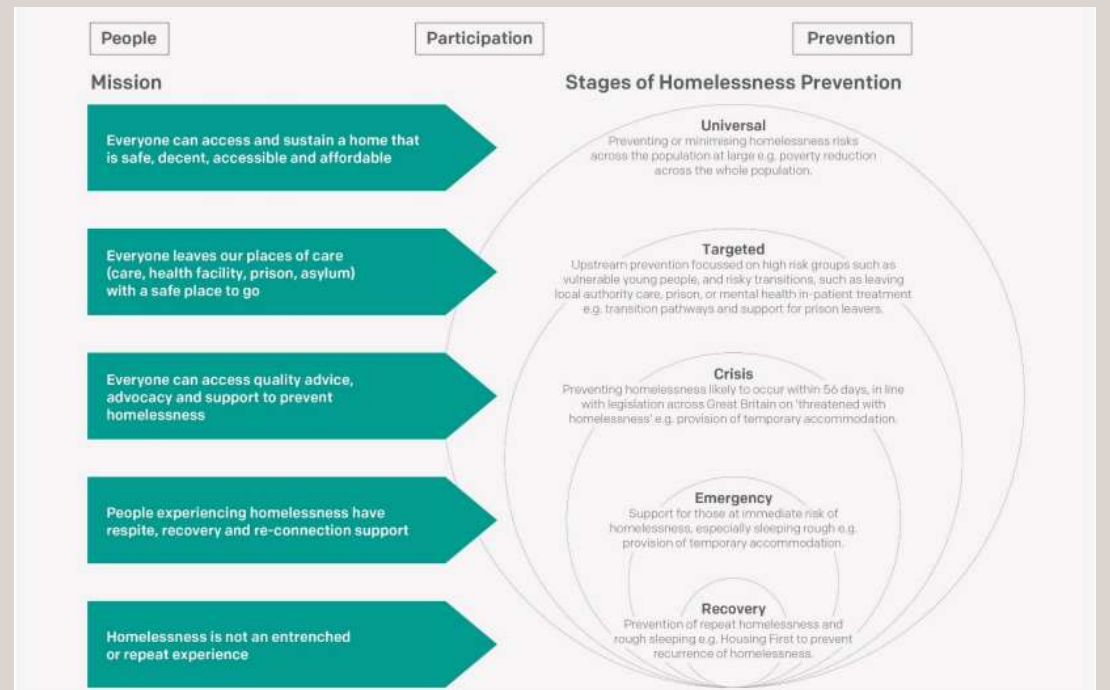
National Rough Sleeping Strategy (‘Ending Rough Sleeping for Good’)

- The [National Rough Sleeping Strategy \(‘Ending Rough Sleeping for Good’\)](#) is a cross-government strategy setting out how the government and its partners will end rough sleeping sustainably and for good.
- The Strategy takes a whole system approach to deliver:
 - better prevention
 - swift and effective intervention
 - extra help to aid recovery for those that need it
 - a more transparent and joined-up system
- The Strategy acknowledges that a step change in how the system is working to tackle rough sleeping is needed and that all those involved in central government and local areas need to work together to ensure better prevention of rough sleeping, targeted help where it does happen, and a route to an independent life off the streets.

Greater Manchester Homelessness Prevention Strategy 2021-2026

- The [Greater Manchester Homelessness Prevention Strategy 2021-2026](#) was published in July 2021.
- The Strategy details action across GM to increase social and affordable housing supply, improve access to social housing for those who need it and support private rented tenants and more vulnerable households.
- It builds on other programmes of work, including A Bed Every Night, Housing First and the Social Impact Bond for Entrenched Rough Sleepers which have helped to reduce rough sleeping by 57% in four years.
- The Strategy also recognises the integral role the health and social care system has in reducing the inequalities that drive exclusion and homelessness.
- A co-produced set of deliverables, commitments and indicators are contained within an [Action Plan](#).

GM Mission for Preventing Homelessness



Manchester Homelessness Charter

The [Manchester Homelessness Charter](#) provides a set of guiding principles concerning the rights of homeless people and the responsibilities of those providing support. It states that everyone who is homeless should have a right to:

- A safe, secure home along with an appropriate level of support to create a good quality of life
- Safety from violence, abuse, theft and discrimination, and the full protection of the law
- Respect and a good standard of service everywhere
- Equality of access to information and services
- Equality of opportunity to employment, training, volunteering, leisure and creative activities

It also states those who work with homeless people have a collective responsibility to ensure that:

- Good communication, coordination and a consistent approach is delivered across all services
- People with experience of homelessness have a voice and involvement in determining the solutions to their own issues, to homelessness, and in wider society.

Manchester Homeless Healthcare Standards

The Manchester Homeless Healthcare Standards were developed by Urban Village Medical Practice and the Council in 2015/16 to support statutory and voluntary agencies.

The Standards state that

- 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.

Manchester Homelessness Strategy 2018-2023

The current [Manchester Homelessness Strategy 2018-2023](#) represents an expansion of the commitments and pledges made through the Manchester Homelessness Charter.

It aims to make:

1. Homelessness a rare occurrence by increasing prevention and early intervention
2. Homelessness as brief as possible by improving temporary and supported accommodation so it becomes a positive experience
3. Experience of homelessness a one-off occurrence: increasing access to settled homes

The Strategy is built on the Our Manchester approach, putting people's strengths and potential at its heart.

Delivery of the Strategy requires contributions from a range of people and organisations, including those working in Manchester, across the Greater Manchester region and those working nationally.

Homelessness and Rough Sleeping Strategy 2024-27

The Homelessness and Rough Sleeping Strategy 2024-27 has been developed in partnership with the Manchester Homelessness Partnership and aims to make:

- Homelessness a **rare occurrence** by increasing prevention and earlier intervention at a community level
- Homelessness as **brief as possible** by improving temporary and supported accommodation so it becomes a positive experience
- Experience of homelessness **unrepeated** by increasing access to settled homes and the right support at the right time

The Strategy reinforces the commitment of the Council and its partners to preventing homelessness in all its forms and ensuring that residents of the city have a place to call home

Homelessness and Rough Sleeping Strategy 2024-27: Strategic Objectives

The Homelessness and Rough Sleeping Strategy is framed around the four principals of Manchester City Council's Homelessness Transformation Programme ("A Place Called Home"). These are:

- Increasing Prevention
- Reducing Rough Sleeping
- More Suitable and Affordable Accommodation
- Better Outcomes Better Lives

Improving access to services is the golden thread that sits across all strategic objectives.

The Strategy is backed up by an Action Plan owned by Manchester City Council (MCC) and its partners through the Manchester Homelessness Partnership (MHP). The Action Plan will be reviewed by partners and will be ready to go live in April 2024.

Making Manchester Fairer: Tackling Health Inequalities in Manchester 2022–2027

Reducing health inequalities is paramount to Making Manchester Fairer. There are clear links between housing and health outcomes that need to be addressed through the Homelessness and Rough Sleeping Strategy:

- Poor-quality housing is harmful to physical and mental health and widens health inequalities
- Unaffordable housing contributes to poverty and can lead to homelessness
- Homelessness often results from a combination of events, such as relationship breakdown, debt, adverse experiences in childhood, and ill health.

There are also clear links between housing, homelessness and poverty. Data shows that poverty in Manchester is distributed unevenly, with certain groups and communities likely to be disproportionately affected, including communities experiencing racial inequalities, particularly Black, Bangladeshi and Pakistani residents, women, disabled people, older people, children and young people and people living in certain parts of the city such as north and east Manchester and Wythenshawe.

Making Manchester Fairer Priority Themes

Making Manchester Fairer identifies eight themes that need to be addressed to tackle health inequalities.



Giving children and young people the best start in life.



Lifting low-income households out of poverty and debt.



Cutting unemployment and creating good jobs.



Preventing illness and early death from big killers – heart disease, lung disease, diabetes and cancer.



Improving housing and creating safe, warm and affordable homes.



Improving our environment and surroundings in the areas where we live, transport, and tackling climate change.



Fighting systemic and structural discrimination and racism.



Strengthening community power and social connections.

Local services to support the housing needs and health
of people experiencing homelessness and rough
sleeping in Manchester

Manchester City Council Homelessness Service

- The work of Homelessness Services is closely linked to the Making Manchester Fairer programme through the Housing and Homes workstream, which focuses on reducing inequalities through preventing homelessness.
- Manchester City Council's Housing Strategy sets out the ambitions of the Council to work towards ending homelessness and provide affordable housing for all.
- The Council has long established partnerships with external agencies to support the delivery of the Homelessness Transformation Programme ("A Place Called Home") including the citywide Manchester Homelessness Partnership, GMCA and the Manchester Housing Providers Partnership Homelessness Group.

Local authority statutory obligations in relation to homelessness

The local authority's statutory obligations in relation to homelessness are listed in Part VII of the Housing Act 1996 (as amended by the Homelessness Reduction Act (HRA) 2017).

The principal homelessness duties owed by LAs are as follows:

- To open a homeless application if a person is believed to be eligible for assistance, homeless or at risk of homelessness.
- A duty to prevent homelessness if an eligible person is believed to be at risk of homelessness.
- A duty to relieve homelessness if an eligible person is believed to be homeless.
- A duty to secure suitable temporary accommodation if the person is believed to be in priority need.
- If homelessness cannot be relieved, then a duty to carry out inquiries to establish whether a person is eligible for assistance, unintentionally homeless and in priority need and, if so, to secure suitable temporary accommodation pending an offer of suitable longer-term accommodation.

Services supporting
the health of people
experiencing
homelessness and
rough sleeping in
Manchester

- Urban Village Medical Practice (UVMP)
- Hospital in-reach service: MPATH
- Mental Health and Homeless Team (GMMH)
- Drug and Alcohol Treatment and Support Services (CGL)
- Homeless Families Health Visiting Team (Manchester NHS Foundation Trust)
- Manchester City Council Rough Sleepers Social Work Team (Adults Directorate)
- Mustard Tree

Urban Village Medical Practice (UVMP)

[Urban Village Medical Practice \(UVMP\)](#) delivers a primary healthcare service to homeless people in Manchester. The service includes:

- 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 GP registration for patients that need it alongside care navigation for patients registered with a different GP.
- Flexible access to a range of comprehensive primary care services 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.
- Work with partner agencies to increase equitable access to healthcare for homeless people and help homeless people to access care and address their health needs.

Urban Village Medical Practice: Service Activity in 2021

- At the end of 2021, there were 764 adults experiencing homelessness registered with UVMP. Over the course of the year, the practice registered 203 people - an average of 17 people a month.
- Around 27% of patients registered were under the age of 30, 55% were aged between 30 and 50 and 18% were over the age of 50.
- 67% of people identified as male and 33% as female.
- At the point of registration, 17% of people were living in bed and breakfast accommodation, 39% were in a hostel, 1% in a night shelter, 16% were 'sofa surfing' and 27% were rough sleeping.
- People experiencing homelessness attended 2,227 GP appointments and 732 nurse appointments.
- 58% of the people that were registered with the practice received a full new patient health check (target: 80%).

Presenting health problems and interventions for new patients registered with UVMP

% of patients identifying as male		% of patients identifying as female
4%	Hep B/HIV	0%
68%	Hep C (antibody positive)	61%
22%	Alcohol Misuse	21%
43%	Heroin/Crack Misuse Intervention	58%
100%	NPHC offered	100%
60%	NPHC received	71%
0%	Contraception advice offered	56%
0%	Contraception advice provided	33%
0%	Cervical Screening	62%
94%	BBV testing offered	83%
63%	BBV testing completed	75%
56%	Mental health identified	46%
12%	Severe mental illness diagnosis	5%
40%	STI screen offered	71%
55%	STI screen completed	71%

This data is based on an audit of 76 new patients registered with UVMP between April and September 2021 (55 men and 21 women).

The findings of the analysis show high levels of substance misuse, mental health problems and blood borne viruses in this cohort of patients.

Homeless-friendly GP practices: Other examples of work in Manchester

Hawthorne Medical Centre has forged a partnership with a local homeless family charity providing temporary accommodation for homeless families in Greater Manchester

The practice designed and introduced an easy registration process resulting in families receiving immediate access to care. The CQC has highlighted [examples of positive interventions from the GPs in this practices](#). For example, GPs liaising with multiple services and authorities to help permanently re-home a family.

Access to NHS dentistry and oral health care for people experiencing homelessness

- Poor oral health and access to dentistry is a major issue for people experiencing homelessness. Requests for urgent help with dental pain are a common reason why patients present to a GP practice or attend A&E on a regular basis. Dental pain is also one of the reasons why homeless people seek illicit substances.
- There is a designated NHS dental practice in Ancoats for homeless patients requiring urgent care, but this does not offer ongoing dental care and there are very limited appointment slots. It is also unclear whether those who are not on benefits or have no recourse to public funds can access the service.
- The standard basic advice offered by the NHS Dental Helpline (e.g. using saline mouthwashes or paracetamol for pain) is not realistic for the homeless population who often present late with very severe issues.
- Moving into temporary accommodation may lead to disruption in the ability of children to access already planned NHS dental care and treatment.

MPATH (Manchester Pathway)

- MPATH is a hospital in-reach service run in partnership by MFT and UVMP. It 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.
- The team includes a GP and specialist non-clinical case manager who work alongside the hospital teams to develop safe discharge plans for people experiencing homelessness who have been admitted to Manchester Royal Infirmary.
- The team can offer registration at UVMP to people where appropriate, or support patients to register with a local GP as required. This ensures that patients can access follow up healthcare once discharged.
- The team also works alongside Manchester City Council's Housing Solutions Service workers in the hospital to ensure access to statutory housing support.

MPATH (Manchester Pathway)

- Evidence suggests that the MPATH service leads to better outcomes, reduced hospital admissions / readmissions and reduced length of stay.
- During 2021, the MPATH in-reach service engaged with and assessed 384 patients. 34% (127) of the patients seen were registered with UVMP at point of discharge
- The service made 137 referrals to local authorities or other services for homeless assistance.
- 46% (176) of the patients seen saw retained housing placements whilst in hospital
- 22% (82) were offered a new accommodation placement on discharge from rough sleeping or sofa surfing

Mental Health and Homeless Team (GMMH)

- The Mental Health and Homeless Team (MHHT) is delivered by GM Mental Health NHS Foundation Trust (GMMH) and provides an assertive outreach model of engagement to homeless people in Manchester.
- The service is delivered by a multi-disciplinary team including mental health practitioners, psychiatry, psychology, social workers and mental health nurses.
- The service provides screening, assessments and low-level interventions for people presenting with mental health concerns, management of transitions into mainstream mental health services, liaison with speech and language and neuropsychology, management of co-occurring substance misuse and mental health issues, Psychological Informed Environment's (PIE) training to the wider homelessness sector.
- The latest data for Quarter 2 2023/24 (July-Sept 2023) shows that 213 referrals were received and accepted by the MHHT.

Drug and Alcohol Treatment and Support Services (CGL)

- Change, Grow, Live (CGL) provide a range of services to the homeless population, including structured drug and alcohol treatment and recovery support services.
- CGL also receives investment from the Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG) to meet the needs of people experiencing rough sleeping or at imminent risk of doing so through enhanced delivery of structured treatment and in-reach / outreach provision.
- The service includes outreach support, non-medical prescribing, prison in-reach and trauma informed psychological interventions (supported by MHHT)
- CGL also provide additional outreach activity, via other funding schemes, to support people who are street based and/or homeless. This enables them to respond to the increasing engagement needs of the homeless population and to work in partnership with other support services to deliver outreach engagement.

Homeless Families Health Visiting Team

- The citywide Health Visitors Service is provided by Manchester 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 is supported by health visitors from the main service. In the main service, caseloads are approximately 1:385 (i.e. 1 health visitor to 385 children).
- At the end of June 2023, there were 1,039 children aged 0–4 years 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.

St Ann's Homeless Palliative Care Service

- Evidence suggests that patient centred, flexible and trauma informed approaches are essential to ensure people with advanced ill health who are homeless have access to appropriate care in the last year of life.
- The Homeless Palliative Care Service provides a range of support to people with advanced ill health who are experiencing homelessness.
- The service includes hostel in-reach support, education and training for health and social care staff, in-reach to Manchester Royal Infirmary and multi-disciplinary team (MDT) led case management with a heavy focus on advocacy.
- The service supports approximately 25 patients at any one time.

Manchester City Council Rough Sleepers Social Work Team

- The Care Act 2014 includes a requirement to assess the needs of anyone who appears in need of care or support.
- The Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG) has been used to fund the development of a small social work team within Manchester City Council to focus on undertaking Care Act assessments.
- The team works with a wide range of partners to discuss and agree integrated multi-agency approaches.
- This builds on research undertaken following the COVID-19 pandemic, which revealed 'hidden' issues in a cohort of people whose rough sleeping was considered to be entrenched, including Trauma, Acquired Brain Injury (ABI) and Neurodiversity and other health related conditions.

Mustard Tree

- [Mustard Tree](#) is a registered charity based in Ancoats which aims to combat poverty and prevent homelessness by creating opportunities for homeless people to improve their economic wellbeing and find settled homes through the provision of community shops, training placements, support services, gifting schemes, vocational training and creative courses.
- Mustard Tree also hosts the Street Engagement Hub (SEH), a multi-agency initiative 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.
- An independent evaluation of the SEH was carried out in 2021 and included service user and practitioner feedback on the difference that this initiative had had on health.

Mustard Tree Impact Report 2022/23

In 2022/23, Mustard Tree had 9,209 active clients and registered 5,116 new people into their services (compared to 3,032 people the previous year).

The table below shows the number of people supported by Mustard Tree over the past 3 years.

PERFORMANCE INDICATORS - INDIVIDUALS	20-21	21-22	22-23
Freedom - skills, work and coaching placement	40	131	266
Support for new tenancies including gifted furniture	585	891	952
Training (English Language, Customer Service, IT, Job Club)	238	594	998
121 Support - hardship loans, finance & housing	1030	1956	2240
Families who use the Food Clubs	3049	3889	5703

Source: Mustard Tree Impact Report 2022/23

Mustard Tree Objectives 2023-26

By 2026 Mustard Tree will:

1. Help 30,000 people increase their financial wellbeing, increase their skills, increase self-belief, and ultimately reduce poverty across Greater Manchester
2. Help 3,000 people make settled homes and prevent homelessness across Greater Manchester
3. Develop a world-class organisation to support the delivery of its services so it can do more to the best of our ability
4. Increase connectivity and community networks and reduce social isolation across Greater Manchester

Service user and practitioner voices (from the Street Engagement Hub Evaluation, 2021)

“Co-located services full stop is a good thing - to build relationships where possible. Building and maintaining new relationships with other agencies, I think is important. A lot of people have different perspectives on how to work in this environment and the understanding of the other, the understanding of where others are coming from, whether it is substance misuse or the police or DWP (Department of Work & Pensions). It's understanding and respecting their knowledge and sharing your own position. Because we all have the same values, anyone who works in this sector, we all have the same kinds of values and sense of helping people. I think that's always important to share and understand across agencies or any opportunities.” (Practitioner)

“This is the first time I've ever had my Hepatitis C and I'm 48 and I've also had both my Covid's and that's through this hub.” (Service user)

Service user and practitioner voices (continued)

“I ended up with an ulcer on this leg, on my right leg. That gone really badly infected. I ended up with sepsis to start with. It turned to septicaemia, so I had full on blood poisoning. I was touching death. I don’t say that lightly. I had stage 2 hypothermia. The Hepatitis C nurses were always on my case. Housing, CGL, St Johns. St Johns were brilliant with me. If it wasn’t for them, I daresay I wouldn’t be here now. That’s the gospel truth that.” (Service user)

“If you think like our population group are homeless and no fixed abode, we can’t write to them to tell them they’ve got a letter. If they have a phone number, sometimes that phone, they lose it, or sell it, or we lose touch with them that way. And here, we can always access them this way because the Street Engagement Team, the police, will go out if they see them, if we say we are trying to find this person, or they’ll direct them here. There’s a guy this morning, he’s mid treatment, I’ve rung him, he’s said he’s coming today, I’ve got his medication here. So, it’s great that way that we have, like, you know, a place to meet them, and they know they can come here and there’s other things available for them here as well.” (Practitioner.)

Opportunities for action to improve the health of
people experiencing homelessness and rough sleeping
in Manchester

Opportunities for action: Health and Homelessness Task Group Action Plan

1. CGL to increase offer at Mustard Tree to reduce homelessness for prison leavers
2. Increase the reach of homelessness support in north Manchester
3. Explore options for other community-based wellbeing services in other parts of the city
4. Develop an offer to meet needs of people with neuro-diverse issues and acquired brain injury
5. Improve numbers of smoking cessation interventions delivered for the homeless population
6. Support timely admissions to drug and alcohol in-patient detox for people who are sleeping rough

Opportunities for action: Health and Homelessness Task Group Action Plan (continued)

7. Strengthen co-production and develop peer support opportunities
8. Deliver the work on Inclusion Health Standards
9. Improve care coordination for people who are sleeping rough
10. Scope feasibility of expanding MPATH (Manchester Pathway) to North Manchester and Wythenshawe Hospitals
11. Improve hospital discharge experiences for the homeless population
12. Make information on 'access' to services easy to follow and navigate

Health and Homelessness JSNA: Next Steps

The intention is for the Health and Homelessness JSNA to be a live resource that changes and develops over time.

Initial priorities for future work include the identification of:

- More locally specific data and evidence about the health needs of individuals and families experiencing homelessness and rough sleeping in Manchester (to reduce the reliance on national evidence and data)
- Data and evidence looking specifically at the health needs of families and children living in temporary accommodation.

The ongoing development of the JSNA will continue to be overseen by the Health and Homelessness Task Group.

References

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4. Greater Manchester Homelessness Prevention Strategy 2021-2026 (Greater Manchester Combined Authority, July 2021)
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7. Making Manchester Fairer (MMF) Plan 2022-2027 (Manchester City Council, 2022)
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