

The Manna Society Annual Report 2017 – 2018



Working with homeless people & those in need



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Patrons: Most Rev Kevin McDonald, Retired RC Archbishop of Southwark,
The Rt Revd Christopher Chessun, Anglican Bishop of Southwark.

Committee Members

- Bill Dodwell Chairperson
- Tony CharltonTreasurer
- Sarah Coates, Canon Michael Cooley, Nannette Ffrench, David Mendez, Cha Power & Julia Walledge

The **Manna Society** began in 1982 and formed under a constitution in 1988 (amended in August 1989). The Society's objects and purpose: ***'to relieve poor persons who are homeless and/or unemployed by the provision of food, shelter and other forms of Christian care with the object of promoting the physical, mental and spiritual welfare of such persons and of improving their conditions of life.'***
(Constitution No 2a)

The Ethos of the Manna

Our vision is the creation of a just society that respects the dignity of every individual.

The Manna Day Centre is a place of unconditional acceptance. Our task, as we see it, is not to judge but to love.

We aim to respect the dignity and worth of each person with whom we come in contact. Each and every one has an intrinsic value that deserves to be respected. No one is dispensable. Our task is to feed and care for homeless people and those in need who seek our help but we cannot be content with this. We must also seek to challenge the structures of society that lead to homelessness and poverty.

Director's Report
By
Bandi Mbubi
Manna Centre Director



Time passes and seasons come and go!

Every year, there are things that change and others that remain the same. Over our existence as an organisation, we have come to understand the key-needs of the people who come to us for assistance and how we should address them. These needs tend to be the same, sometimes rising or decreasing in intensity, or the number of people coming to us for help slightly going up or down. Therefore, the services we offer remain the same, year in year out, with only a few changes. As an organisation, our response focuses on the day centre we run for all those in need, including those facing or experiencing homelessness. Any campaign work we undertake tends to be in collaboration with other organisations so as to constitute a louder voice and through that hopefully exert greater influence on policymakers.

In practice for us this year, our campaign and policy work has focused on influencing local policymaking on homelessness and housing, particularly the implementation of the new Homelessness Reduction Act 2018, as part of a committee in charge of this implementation. We have worked with Southwark Council as to articulate its implementation policies. We have also been actively involved in the Southwark Homelessness Forum, which brings together both voluntary and statutory organisations in Southwark. In this forum, we have shared our insights and collaborated with others on relevant local issues and policies.

The average number of people using our services has continued to be roughly 150 per day, Monday to Sunday. In our last snapshot survey, in March this year, we found out that 156 people used our day centre, on that day, which is 7 more people than in the previous survey, in July 2017. The number of female service-users continue to be low; only 4%. The percentage of rough sleepers is exactly the same this year as it was the previous year; 46%. 29% are in council and housing association flats. 10% stay with friends, 3% in squats, and 10% others stay in hostels. In terms of ethnicity, Eastern Europeans are the largest ethnic group at 35%, followed by the English at 30%, Africans at 14%, Western Europeans at 12%, and South Americans at 3%. The remaining ethnic groups account for the other 6% of our service-users.

A year before in July when we carried out the same survey, 45% of people said that they were in receipt of state welfare benefits, 47% said that they did not have any income and 8% said that they had some income from other sources, including employment. This year, when the same questions were asked, 36% of people told us that they receive benefits, a drop of almost 10%. 60% said that they have no income, an increase of 13% in this category, and only 4% reported that they had an income from other sources. It is difficult to interpret these changes in the type of income our service-users receive, but I suspect that it has to do with the implementation of the on-going welfare benefits reform which is generally less generous and at times quite punitive.

As always, the fundamental question for us is: how do we remain true to our values whilst at the same time adapting to a changing world? This is because our values matter to our service-users, our staff, trustees and supporters. Values of love of oneself and others, respect of self and others, acceptance of self and others, believing that we all deserve a second chance, a safe place where we can restore ourselves and regain our dignity and independence. These are Christian values, but frankly they are values anyone from any faith, or none, can adhere to and try to implement in life.

We try to live out these values in our day centre, although we cannot say that we always succeed. When people come to our drop in, for the first time, they are often surprised to notice that they can access our services without being asked questions. They walk in and if it is food they want, they can have it. If it is our shower facilities they want to use, they can do so without giving their names or the usual form-filling. They can have all these services for free. For clothing, you have to queue up early in the morning to be given a ticket on the day the clothing store is open, that's on Monday and Wednesday. Altogether, 35 tickets are given out, but women can turn up when we are open and do not need a ticket. We do this for women because we realise that for some women they may not feel comfortable hanging around a large group of men, so we try to make it easier for them.

For service-users who have high support-needs, after they have been with us for a while, they inevitably ask us whether we can help them find accommodation. It is only then that we ask all the questions we need in order to assist them. You can read all about how we have helped people this year into housing in the reports our advice workers have written in other sections of this annual report. Otherwise if all you want is a meal for the day, or a cup

of tea, or have a shower, you can do so without much hassle. This approach has helped us gain the trust of the most entrenched rough sleepers who come to us.

In our computer room, managed entirely by volunteers, users give basic information which include their names and the purpose of the use of the computer. We are pleased that this year three local companies have released their employees to volunteer with us in our computer room, running computer sessions for our service-users. Three days out of the five, these companies operate their own separate rotas to allow our service-users to use a computer both for leisure or vocational activities.

Healthcare is delivered to our service-users by external partners, including nurse-practitioners from the NHS who run surgeries twice per week and a caseworker from the same team who works with people with no recourse to public funding. A chiropodist from the NHS who runs surgeries twice per month. The START Team helps people with mental health problems. And the University College of Osteopathy sends us their final years' students with supervisors to offer treatment to service-users, staff and volunteers.

Unfortunately, this year, we have had to discontinue our furniture service because we do not have enough space where we can store donated furniture. After we moved into our current setup, over three years ago, we tried to keep it going but in the end we felt that we could not accept most of the furniture we were donated because of a lack of space.

For the upcoming year, we look forward to finally having the developers, Crest Nicholson, install an adequate ventilation system in our shower facilities. When we moved into our current premises over three years ago it became apparent very quickly that the ventilation system that had been installed was not fit for purpose. We came to a mutual agreement with Crest Nicholson that a much more robust system was needed. Our shower facilities are in constant use and the current ventilation system does not circulate the air properly and, as a result, condensation builds up, causing the ceiling to become mouldy.

Something else we are looking forward to is having a new database for our advice team office. Although our current database has served us well for the past ten years, it has become unwieldy and difficult to update to new technological advancements. We are working with database developers to build a new system fit for purpose.

Most of all I would like to thank you all for your continued support of our work, without which none of the above would be possible. Special thanks to the R.C. Archdiocese of Southwark who give us our building free of charge; the grant-making trusts; all the private individual donors; the churches who pray for us and ramp up support for us and encourage their parishioners to support us; our growing corporate sponsors; Southwark Council who fund our advice service. We cannot thank enough our partner agencies who work with us in our day centre, including all the NHS staff, the START Team, the SPOT Team, the students and their supervisors from the University College of Osteopathy. And of course, our amazing team of staff and volunteers who ensure that our service-users are properly looked after and our trustees who oversee all our work.

Vicious circle
By
Karolina Muszynska
Housing & Welfare Advice Worker



"Be kind, for everybody you meet is fighting a hard battle"

The longer I work in homelessness the more I see that a lot of our clients have been stuck in the vicious circle of multiplied exclusions for a long time. It is saddening that as a society we fail to help those who were already let down by their families or gone through very tough life experiences.

Streets of London is a charity that works on raising awareness about homelessness and on funding specialist support for homeless people in London. Here are some facts from their website:

- *Nearly 7,500 people slept rough on London's streets in 2017-18.*
- *Many of these people have one or more support needs: 43% alcohol; 40% substance use; 50% mental health. Only 20% have no alcohol, substance use or mental health support needs.*
- *People sleeping rough who have a mental health issue are 50% more likely to spend more than a year sleeping on the street than people who don't have a mental health diagnosis.*

Although these figures confirm what we generally see in our work, I still find them quite shocking. Let's look at them more closely. Around 80% of people who slept rough in London 2017-18 struggle with addiction or poor mental health or both, on top of being homeless. Half of London's homeless suffer from mental health problem and as a result they are more likely to sleep outside longer. Just imagine feeling low or distressed and having nowhere to sleep, no one to turn to in a big, crowded and noisy city. It must be hell. Or imagine waking up after having too many drinks on the street and having nowhere to go.

Homelessness, substance and alcohol use, mental health – they all fuel each other. You are more likely to become homeless if you struggle with addiction or have poor mental health. Homelessness, in turn has a bad impact on mental health and makes you more likely to seek the comfort of drugs or alcohol. In other words homelessness can and will make your problems worse.

When you have nowhere to sleep it is almost impossible to address any other issues you may have. As in Abraham Maslow hierarchy of needs pyramid, needs lower down in the hierarchy must be satisfied before we can attend to needs higher up. And at the very bottom we have psychological needs such as food, water, shelter and warmth. If your life revolves around finding basics like food or shelter every day, you really do not have much time left to think about anything else.



Interestingly addiction and mental health problems have very similar potential triggers. It makes more sense if we think of addiction as a psychological problem too. Addiction is defined in literature as compulsive, out-of-control drug use, despite its adverse consequences. So it is self-destructing behaviour, almost like a self-harming activity carried out over a long period of time.

Perhaps addiction and poor mental health are just different responses to the combination of triggers of a harsh reality and individual sensitivity? Perhaps Ronald David Laing, the Scottish psychiatrist was very close to the truth when he defined insanity as “a perfectly rational adjustment to an insane world”.

Mind, a charity for mental health, explains on their website, that mental health problems can have a wide range of causes. “It's likely that for many people there is a complicated combination of factors – although different people may be more deeply affected by certain things than others”. As potential triggers they list : childhood abuse, trauma, neglect; social isolation; experiencing discrimination or stigma; social disadvantage, poverty or debt; bereavement; long-term stress; losing a job, having a long term physical condition, poor housing, homelessness, drug or alcohol abuse or significant trauma as an adult.

The popular and intuitively appealing theory of addiction explains it as self-medication. According to this theory drugs, booze, gambling are means to focus our attention elsewhere, to take us out of ourselves, so we don't need to face uncomfortable feelings and emotions related to past trauma. It is believed that trauma is the root cause of addiction. It includes abuse, neglect, loss, emotional abuse, poverty, long-term stress etc. As I said before I find this theory intuitively appealing; we all tend to seek comfort to a certain extent via alcohol, overeating, shopping etc. Also I heard so many heart breaking stories from our clients about their past.

When you understand the potential reasons behind addiction and poor mental health, you start to see the 80% who slept rough on London streets in 2017/18 as a group of people to whom life continues to be unfair. They are a group of particularly vulnerable people, whose support needs, society fails to meet. A group of people who carry unresolved hurt over the years. No wonder those who we called ‘entrenched rough sleepers’ (those who have slept rough for many years) are harder for services to help. This is because of the mistrust they have developed towards support services and because their own sense of self-worth is damaged by their experiences.

Homelessness is a complex issue and I think the government needs to be honest in why they wish to tackle it. Do we want to reduce homelessness because the sight of rough sleepers makes us uncomfortable or do we really want to reconnect those, who in some cases have given up on themselves, back into society? I believe that if we choose the latter we have a better chance of succeeding but it will also require a flexible, tailored approach and cooperation between agencies.

The past, the present = the future

By

Margaret Shapland

Housing & Welfare Advice Worker



"It's a long road, so we are just trying to stay focused and grounded and keep moving forward. I'll take it, though". Sturgill Simpson

Sturgill is an American country music singer-songwriter. It is a quote I agree with as staying focussed and grounded (as in practical) feels entirely necessary in our line of work and again from my point of view, part of the focus/keeping grounded element is learning from our past, so we start this article with a look back at what we have been doing in the Advice & Welfare service over the last year – that being fiscal year 17-18.

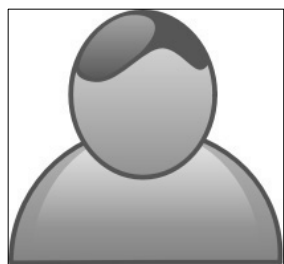


Numbers seen in the service

Over the past year, we have seen 1,249 individuals – the same number that we saw in fiscal year 16-17. Of these, 470 were new clients – 37%.

This is a good result given that we had reduced staffing levels until September when our new colleague, Eleanor joined us. Due to this, we saw that the number of sessions we were able to offer was reduced from 84% to 74%. Clients visited us on average two times (a total of 2,147 visits) and

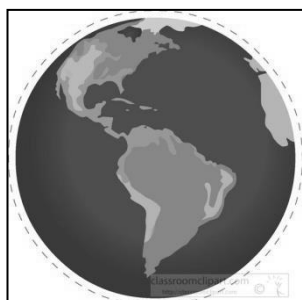
during those sessions we talked to clients about three different issues when we met them. We are doing more with clients and they are certainly asking us to work on a wide variety of issues. More of that later.



Who did we see?

The number of female clients remained steady at 15% this year. In terms of age, we are seeing more people in the older age groups with nearly 45% being in the 46+ age groups, growing from 42% in the last fiscal year. We think this is because as the benefit landscape becomes more digitally-based, older clients feel less secure with managing their benefit affairs through this route and require more support. It is also true that the number of younger clients has reduced as we see less young clients from the Central and Eastern European states – many

are either working or have dispersed back to their home countries or other European countries following the fall in the pound, disadvantaging their earnings in the UK.



Where did they come from?

When we look at ethnicity, we see that clients of African heritage are the largest groups – they account for 33% of all clients seen, followed by “White-Other” clients (mainly from Europe) - 31% and then White British clients – 14%. Taking into account clients of African ethnicity, who classify themselves as Black British or Caribbean – we are looking at 46.6% of all clients. There are a number of reasons why there is such a large representation BAME (Black and Minority Ethnic) clients – in research from Centrepont, it emerged that homelessness had risen steeply in this group between 2010-2016 with a 40%

increase compared to just 13% among the white British population. The key reason given was lack of employment opportunity and lack of sustainable employment. Other research from the Race Disparity Audit 2017 mirrors the work done by Centrepont quoting homelessness rates of 42% among the Black African community.

When we look at status in the UK, those who are British citizens remains the single largest group at nearly 33%, followed by Central & Eastern European nationals at 25%. This group is declining as we mentioned previously but the clients we are working with tend to be a) clients who are seeking or just found work b) some who stay for a relatively short time and if they feel they cannot make a reasonable life in the UK approach us to help them to return home and c) those who have issues around mental health, substance abuse or other issues that prevent them from moving forward in the UK.

How many were we able to help in finding accommodation?

Overall, 34% of clients approached the service for housing assistance compared to 42% in FY 16/17. Looking first at those that we were unable to assist when we first met them, we are seeing a reduction from last year to this fiscal – grouping those who had no proof of benefit or ID, wanted a specific hostel that we have no referral rights to, who were NRPF (no rights to public funds) or where we need additional information to move forward; in 16/17, we saw 91% of all those in the unable to assist (UTA) category fall into in these four groups. In FY 17/18, this dropped to 80% but more encouraging was the fact that the UTAs had formed 35% of all clients seen for housing in FY 16/17 and this had dropped to 27% in this fiscal year.

Looking at placements made in the month of registration, these remained pretty steady at 34% in FY 16/17 and 34% in this current year. Over the year, we have placed 59% in some form of accommodation with the largest percentages being those in hostels – 17%, followed by night shelters 18.7% and private rented at 17%. We are partnering with more private landlords and further building up our portfolio of hostels that we have referral rights into. We have been helped in that one major low support hostel came back into play after substantial renovations, others have changed or relaxed their criteria for referrals. That said, we are still experiencing the “stop-start” nature of waiting lists and if clients want a particular type of hostel, they may find that they have a substantial wait.

There are a number of reasons why there is such a large representation BAME(Black and Minority Ethnic) clients – homelessness had risen steeply in this group between 2010-2016 with a 40% increase compared to just 13% among the white British population.

Rental property in inner London boroughs can remain sparse and too highly priced to be within the reach of our clients. We have looked at the client base for housing clients and have partnered with one organisation which is more suitable for dealing with up-age clients who find it difficult to work with modern technology such as catching our daily emails which record all the housing offers and viewings for each day and need more of a “hand-holding” approach.

Looking at trends in the homelessness sector

Moving on from what we have seen, let’s look at the underlying drivers in this area. Crisis produced a major report - The Homelessness Monitor in April this year. We have talked before about the rise in rough sleeping and this has resulted in greater media coverage and pressure on the government which resulted in a pledge from Theresa May to reduce rough sleeping by half by 2022 and that it would be eliminated totally by 2027.

Eviction from private rented is key

Looking at statutory homelessness – that is, cases where an intervention was sought through the local authority, with mortgage repossessions or social sector rent arrears which are at an all-time low, it is abundantly clear that there is a greater association with loss of a private rented tenancy being the key reason for homelessness.

The report also suggests that the Local Housing Allowance reforms are the major factor between loss of private tenancies and homelessness. The reforms have also demonstrably restricted access to private rented properties by lower income households. The number of Housing Benefit/universal Credit clients who are in private tenancies is now 5% lower than when the LHA reforms were introduced in 2011. The pressures in London – where naturally most of our clients are based, is even greater with acceptances of homelessness applications by boroughs in London have increased by 91% from the low point in the cycle in 2010/11.

It is particularly hard for younger adults to create a separate household and there is a continuing fall in that ability to do so, for example, it has dropped in London by 40%. In fact the annual rate of new household formation – particularly so in the private rented sector has fallen away sharply since 2011. What that tells us are that there are particular constraints on supply due to a lower turnover, inadequate numbers of new builds as well as the problems experienced through affordability.

The downward trend in the availability of shared housing has actually reversed; it is thought this reflects welfare support for housing costs both due to the low shared accommodation rated for under 35s but also in part to the benefit cap and shared accommodation being more attractive to low income

individuals. That said, we find it hard to generate such accommodation as many landlords we speak to find it less lucrative and more administratively inefficient.

There continues to be anxiety about the ongoing impact of administrative arrangements for Universal Credit and recent introductions have reduced the gains for working households.

The Homelessness Reduction Act

This is the most notable piece of homelessness policy to be seen over the past year and came into force in April 2018. With its emphasis on earlier preventative interventions, on meaningful support for single people, and on a balance of responsibilities between local authorities and households at risk of homelessness, the Act appears to have gained the approval of most stakeholders. Alongside this, the government have published a new Homelessness Code of Guidance which covers the duties brought in by the Homelessness Reduction Act. That said implementation will bring substantial challenges with local authorities being squeezed as finding benefit-reliant households private rented accommodation when they are being priced out of many areas certainly in London.

The Budget and specific measures to alleviate homelessness

A number of specific commitments on homelessness were announced in the 2017 Budget, including £20 million of funding for Private Rental Access Schemes to support people at risk of homelessness to access and sustain tenancies in the private rented sector and £28 million funding for three Housing First pilots (a project whereby people with complex needs and a rough sleeping history are housed and then a support network built around them)

How do we seek to move forward in such a tricky environment?

I think the best answer to that is to have an environment where ingenuity is key and where there is continual trawling to obtain new housing opportunities. There is no doubt that the housing provider environment has become more fractured due to the continuing drive towards a requirement for local connection and that there are many more niche providers serving particular and very discrete communities. As a pan-London service, we are also looking to drill down in each borough to find opportunities.

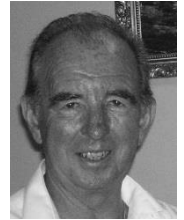
We have to work hard to keep clients in accommodation, not have “tunnel vision” through getting locked into the same old offering and encouraging some clients to consider placements outside the inner London boroughs.

In a changing and at sometimes an unstable environment, it truly is the case that necessity is the mother of invention. Whilst on the subject of instability, one of the key reasons our service works for clients is that we remain a place where clients come back to on a continuing basis; the fact that we are always there is a truly important factor for many of our clients – thank you for keeping the vision alive.



Treasurer's Report

By
Tony Charlton



On pages 10 and 11 of this annual report is the statement of financial activities and the balance sheet for the year ended 31st March 2018. Full copies of the certified accounts will be available at the Annual General Meeting if anybody would like a copy.

Our income and expenditure report shows that we received an income of £562,770 and our costs for the year were £454,776 and we therefore had a surplus for the year of £107,994. This compares to an income in the previous year of £434,727 and costs of £477,189, which resulted in a deficit for that year of £42,462. Therefore, unusually, the costs for the year went down by £22,413. This was mainly because almost all the costs involved in moving into our new premises were paid in the previous, and also in the preceding year. With regard to our income, this increased by over £128,000 in the year. This was mainly due to the receipt of two very significant legacies and we are also due to receive a legacy of over £20,000 in this current year. This demonstrates that legacies have become a major source of income - and this is now becoming the case with many charities. I do not intend to use this treasurers report as a direct appeal for funds, particularly as our financial situation is so healthy, but I would simply like to comment that, especially for a London based charity where property prices are so high, many people are "asset rich, cash poor" and the only time that significant funds are available for donating to a favourite charity is when somebody's estate is being distributed. There is a certain irony in that statement when property prices are one of the causes of homelessness which this Society is dedicated to eradicating.

In the previous paragraph, I mention that most of the expenditure relating to moving into this new building was incurred in the previous two financial years. This means that we have now been in these premises for over three years. Unfortunately, despite the length of time we have been here, there are still some unresolved matters which have financial implications relating to the move. We have been assured by the developers that remedial work will be starting very soon and I hope that at the AGM we will be able to report positively on all outstanding works.

As always, I would like to thank our staff for all the helpful, friendly and productive work in the past year. The high regard that the centre is held in is directly as a result of their efforts. I also feel that we must thank the Roman Catholic Diocese of Southwark for looking after our interests when this site was being developed and also, of course, for their continuing practical support. Finally, of course, I would like to thank all of our donors. Without your help the Society would not be able to continue with its work which is so important to many people on the margins of our society.



**Statement of financial activities and income & expenditure account
for the year ended 31 March 2018**

	Restricted funds	Unrestricted funds	Total funds	<i>Total funds</i>
	2018	2018	2018	<i>2017</i>
	£	£	£	£
Income and endowments from:				
Donations and legacies	107,125	452,916	560,041	428,820
Investments	<u>-</u>	<u>2,729</u>	<u>2,729</u>	<u>5,907</u>
Total income and endowments	<u>107,125</u>	<u>455,645</u>	<u>562,770</u>	<u>434,727</u>
Expenditure on:				
Raising funds	-	6,285	6,285	7,088
Charitable activities	<u>84,861</u>	<u>363,630</u>	<u>448,491</u>	<u>470,101</u>
Total expenditure	<u>84,861</u>	<u>369,915</u>	<u>454,776</u>	<u>477,189</u>
Net income / (expenditure) before other recognised gains and losses	22,264	85,730	107,994	(42,462)
Net movement in funds	22,264	85,730	107,994	(42,462)
Reconciliation of funds:				
Total funds brought forward	<u>12,747</u>	<u>309,431</u>	<u>322,178</u>	<u>364,640</u>
Total funds carried forward	<u>35,011</u>	<u>395,161</u>	<u>430,172</u>	<u>322,178</u>

**Balance sheet
as at 31 March 2018**

	2018	2017
	£	£
Fixed assets		
Tangible assets	7,126	12,063
Current assets		
Debtors	29,318	28,934
Cash at bank and in hand	<u>408,117</u>	<u>296,430</u>
	437,435	325,364
Creditors: amounts falling due within one year	<u>(14,389)</u>	<u>(15,249)</u>
Net current assets	<u>423,046</u>	<u>310,115</u>
Net assets	<u>430,172</u>	<u>322,178</u>
Charity Funds		
Restricted funds	35,011	12,747
Unrestricted funds	<u>395,161</u>	<u>309,431</u>
Total funds	<u>430,172</u>	<u>322,178</u>

The financial statements were approved by the Management committee on 7th August 2018 and signed on their behalf by Tony Charlton, Manna Society Treasurer.

Quality healthcare for all

By
Eleanor Smith
Housing & Welfare Advice Worker



This year, the NHS turned 70. In 1948, a National Health Service was founded, based on the idea that people's access to healthcare should not be determined by their income or social status, but that quality healthcare should be free at the point of use for all. I was incredibly moved attending the NHS 70th anniversary march through central London, to see doctors, nurses, healthcare professionals, patients and proud citizens processing side by side to defend their much loved service.

People experiencing homelessness are significantly more likely to experience health problems, especially rough sleepers. Poverty in general is strongly correlated with poor health. Bad health can be both a cause and consequence of homelessness, and to make matters worse, homeless people tend to find accessing healthcare harder, and are more likely to use A&E than preventative services. Homeless people's healthcare needs can be immensely complex and where a person suffers from both substance dependency and poor mental health both services may find it hard to treat one issue in isolation from the other, and the person may find themselves locked out of either service. Where homeless people are treated in hospital, shockingly in some cases healthcare staff have no option but to discharge people on to the street, as they lack the knowledge about housing systems to help. This must be soul destroying for healthcare staff invested in helping people to get well, only to see the person deteriorate again in dangerous and unhealthy conditions on the street.

While rough sleepers appear to be at the sharpest end of the spectrum, people in poor quality housing are also very negatively affected. Research by Shelter showed that one in five adults had experienced mental health issues in the past five years due to housing problems. Cold and damp conditions also cause and exacerbate a range of different physical health problems. The Citizens Advice Bureau says that poor housing represents a similar challenge to the NHS as smoking, drinking and lack of exercise.

The sector umbrella body Homeless Link advocates a joined up approach when considering how to improve access to health services for homeless people. This is why the Manna Centre hosts a range of NHS healthcare services for day centre users to access, including a nurse, a refugee specialist health worker, chiropodist and osteopath, as well as working with a specialist mental health outreach team for homeless people. These colleagues work with us in the advice service when we need to, and it is extremely useful for us to be able to rely on each other's expertise.

And it is not only professionals who need to work together to ensure the most vulnerable get the treatment they need. The role of civil society is also more important than ever. One of my former clients - let's call him Tony - told me a story of how, when he was rough sleeping, a local man used to stop and talk to him, bring him food and ask him how he was. Over the winter, Tony caught pneumonia and felt himself become iller and iller. Because of his poor mental health, his distrust of services, his lack of hope and his self-medicating with substances, Tony did not realise the danger he was in, though he could tell he wasn't well. The man who came to see him encouraged him to access services, and eventually put his foot down, saying 'listen, you don't look well. I'm calling you an ambulance'. Staff at the hospital were able to link Tony into housing services due to their being a housing officer from the local council based in the discharge unit. Tony's well-wisher almost certainly saved his life in this instance, as well as the partnership working of health and housing services.

Another group of people who often use the Manna Centre whose access to the NHS is at risk is migrants. In 2014 The Home Office implemented a charging policy for certain migrant groups deemed not to be in the UK on a 'settled basis', and has recently begun to use these powers more widely to charge for secondary healthcare. Various healthcare bodies and professionals have denounced this policy, arguing that it deters and prevents already vulnerable and marginalised people from accessing healthcare, and that it has already caused unnecessary deaths. Two weeks ago, healthcare professionals who were awarded medals for their contribution to fighting the Ebola virus in Sierra Leone handed back those medals, in protest at this policy. One doctor said 'I cannot keep a medal from a government whose policies are directly harming my patients.'

The NHS was founded to ensure equality of access to the best healthcare possible, for all people in the UK, no matter what their circumstances. These are the principles that make the NHS such a source of national pride, so let's keep it that way.