Homeless Link Response to NHS 10 Year Plan Consultation

December 2024

Q1 Who we are. What does your organisation want to see included in the 10-Year Health Plan and why?

Homeless Link is the national membership organisation charity for frontline homelessness services. Representing over 800 organisations ranging from Housing Associations, supported accommodation providers and hostels to day centres, night shelters and outreach, we work to improve services and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

We are pleased to provide our submission to the NHS long-term plan consultation, which has been developed in consultation with Homeless Link members. All quotes in this submission are from Homeless Link members unless otherwise indicated.

Homelessness as a 'health catastrophe' (Darzi, 2024)

Lord Darzi was correct to identify homelessness as catastrophic for health. Homelessness equates to universally worse health outcomes, cutting across all conditions and impacting wellbeing at every level (The Unhealthy State of Homelessness, 2022). We could use our entire submission breaking down homelessness' effect on individual conditions. Instead, the universality of negative outcomes means that health systems must treat homelessness as the public health emergency that it is.

Poor health is both a cause and a consequence of homelessness; evidence from Homeless Link's Unhealthy State of Homelessness (2022) shows a significant trend in untreated mental health conditions acting as a precursor and a cause of homelessness. Once homeless, people frequently develop complex health conditions, with physical health, mental health and risk of addiction all severely impacted. Healthcare also becomes much more difficult to access once homeless, difficulties which are compounded by trauma and stigma which can drive people away from proactive health engagement.

The outcomes are stark. People experiencing homelessness face higher rates of preventable illness, much higher rates of infectious disease and high rates of early onset frailty (Rogans-Watson et al. (2020), The ONS (2022) record the average age of death while homeless as just 45 for men and 43 for women – over 30 years younger than the general population. It is estimated that 1 in 3 deaths while homeless are the result of preventable, treatable conditions (Aldridge et al, 2019).

Homeless Link

The NHS' role in ending homelessness

The stark health outcomes faced by people experiencing homelessness mean the NHS have a moral responsibility to step up as a leading partner in the journey to ending homelessness. Doing so is also financially sound. The failure of government to deliver effective homelessness prevention means people are pushed into crisis, driving up their reliance on emergency care. People experiencing homelessness "attend A&E four times more often than the general population, and are eight times more likely to need inpatient care" (Darzi, 2024). Reducing homelessness therefore represents an opportunity to reduce NHS costs in the long term.

NHS providers hold a privileged position in holding the key to health promotion and homelessness prevention early in a person's journey. In moments of difficulty, health professionals are often the first port of call for help, and this is often true in the lives of people experiencing homelessness. This has been recognised in the introduction of the Duty to Refer. There is opportunity for the NHS to step in and prevent many of the drivers that we know cause homelessness: mental ill-health, physical illness, employment issues and addiction, to name a few.

But too many people are currently unable to access even basic support to manage their wellbeing. Overburdened primary care, long waiting lists for secondary care and the near-collapse of mental health services means that people – particularly those in already underserved communities – are going without the care they need at significant cost to their overall wellbeing. This drives up support needs, increases exposure to traumatic events and, too often, places the ability to maintain housing at risk.

We therefore encourage any policy within the 10 Year Plan which improves the accessibility of all forms of healthcare at population level, particularly focused on deprived communities. The 10 Year Plan should go further in laying out a commitment to preventing the causes and drivers of homelessness and outlining the NHS' role as key facilitators of the upcoming cross-departmental homelessness strategy.

Immediate action to reduce early deaths

There are a wealth of actions the NHS can take to reduce health inequalities, but there is one action that holds potential to reduce deaths more than any other: a commitment to end discharge to the street (Cornes et al, *Evaluation of the Out-of-Hospital Care Models programme for people experiencing homelessness*, 2024).

Reducing the health burden for people experiencing homelessness

For people already experiencing homelessness, the NHS must take measures to reduce the burden of ill-health and promote recovery and health management. Specialist

services have proven invaluable in achieving this, with numerous exemplary services across the country which work assertively in the community to improve health outcomes. Homeless Link members would welcome more NHS resources shifting into community care for people experiencing homelessness, reducing barriers to treatment so that people are less frequently forced to rely on emergency healthcare.

> ***"We had a dental care case recently – somebody had an abscess on a tooth, couldn't be seen by anyone, ended up in hospital with sepsis. Antibiotics would have resolved this."***

The barriers to healthcare for people experiencing homelessness are varied. Practical barriers such as phone systems or web appointments can drive people away from healthcare altogether, while inflexible appointment times communicated by post can mean higher rates of missed appointments, at high cost to the NHS. Furthermore, many people still face discrimination when registering for a GP without a fixed address, despite being entitled to equal service. Measures to reduce these inequalities at service level are essential in reducing stigma and equalising access to NHS care. NICE have compiled guidelines (NG214) on delivering effective healthcare for people experiencing homelessness, and these should be embedded at all levels of the healthcare system to reduce inequalities of access.

> ***"We have recently been supporting a rough sleeper who has been on the streets for 30 years and hadn't seen a doctor for 40 years. Got a GP to come into the drop-in, which they wouldn't usually do, but this was a unique case. The client was able to see someone in a trusted environment with support workers, and it was a success. He wouldn't have gone to the GP practice, it was very important that it happened in our setting."***

The NHS 10 Year Plan should strive to equalise access to general services, but this goal will take time and require a shift in culture around treating people experiencing homelessness. Stigma towards people experiencing homelessness remains common within healthcare settings. Furthermore, many providers are not adequately trained to identify trauma or adopt trauma-informed approaches. This can further drive away people experiencing homelessness who have high prevalence of historic and current trauma. **The NHS and partners must therefore ensure all staff are trained to deliver trauma-informed care and challenge stigma, in line with recommendations from NG214.**

To improve health outcomes now, the NHS should fund specialist inreach and outreach services to treat people experiencing homelessness where they are. There are a wealth of outstanding examples to follow, but access to these services is a postcode lottery and many areas and inadequate or absent provisions. Even where they are delivered

well, many specialist healthcare services rely on charity fundraising or small grant funding, are delivered on a perpetual cycle of 'pilots', or are left to scrabble for scraps of funding left over from other projects. This threatens the sustainability of services and has forced the closure of many high-quality services across the years.

Mental health

> ***" 94% of people we see, have experienced trauma. If we don't address underlying trauma, we are not going to resolve their physical health. It's all linked. Getting the NHS to recognise the mental health side of things, mental wellbeing, particularly within homelessness sector is really key."***

Appropriate mental health support is crucial for people experiencing homelessness. Many people experiencing homelessness report being unable to access support for mental ill health. Homeless Link members report challenges in identifying appropriate mental health support to refer people to, from people who do not meet the crisis threshold to people with severe, long-term and untreated mental health conditions.

> ***"We can get a client in the right place to accept support, but referrals take too long and the support isn't available when needed. It leaves us reliant on support and contacts outside of the NHS."***

Homeless Link's Annual Review 2022 found 90% of accommodation services face challenges accessing mental health support for their residents, with 69% stating waiting lists as the most significant barrier to access. This is a particular issue for rough sleepers or residents in temporary accommodation, where frequent changes of address can mean letters get lost and referrals closed for non-engagement.

> ***"General access to mental health is the biggest problem at the moment, we can't get appointments. Watch people get worse, very different people go down to a very similar path because they can't get the help. All the good ideas in the world don't work if there aren't the resources."***

For the NHS 10 Year Plan to deliver meaningful prevention and support those already experiencing homelessness, the accessibility and adequacy of mental health services must be significantly improved, with targeted work to support cohorts experiencing severe disadvantage and simultaneous addictions. NHS should commission additional mental health services to work closely alongside third sector homelessness services, which should include colocation of services, outreach support and joint case management to ensure people have access to holistic, wrap-around support for mental health conditions.

Lived experience involvement

Meaningfully involving people with lived experience in the design and delivery of services at all levels is likely to improve services and people's engagement with them. Employing people with lived experience of homelessness can broaden the skills of the NHS workforce. Opportunities such as the Groundswell peer advocacy programme can provide people with skills and confidence to work in healthcare settings. **The NHS should expand specialist training and development opportunities that specifically target those with lived experience of health exclusion, boosting the workforce, empowering patients and improving action against health inequalities.**

Partnership working and data sharing

People experiencing homelessness face multiple disadvantages and the best outcomes for them will be achieved by a range of services and support working in partnership to meet their individual needs, including health. Ideally, people experiencing homelessness would be enabled to have a single, trusted point of contact to help them navigate all support services.

Frontline homelessness workers often hold a unique position of trust with people experiencing homelessness, providing holistic support around general health and wellbeing and with more time dedicated to building their relationship with the patient. Because of this they form a vital part of the health and care workforce, but are often excluded from formal care planning due to the lack of recognition of the role they play from within health services.

Support workers can act as bridges between individuals experiencing homelessness and healthcare providers, and **proactive engagement to involve workers and organisations in care planning should be integrated at all levels.**

We therefore ask the NHS 10-Year Plan to:

- Commit to bold action to ensure that nobody becomes homeless because of unmet needs from the health system.
- Explicitly recognise the key role of the NHS in the upcoming cross-Government strategy to end homelessness.
- Commit to integrating the recommendations of NG214 at all levels of the healthcare system;
- Ensure the workforce is trained to deliver trauma-informed care and tackle stigma towards people experiencing homelessness;
- Immediately end the practice of street discharge.

- Work with local health systems to commission specialist inreach and outreach services for people experiencing trauma, ensuring everybody experiencing homelessness has access to high-quality specialist care.
- The Duty to Refer should be extended to GP settings and all health professionals upskilled to respond to housing risk and refer appropriately.
- Lay out significant improvements to mental health provisions including specialist provisions and increased access to dual diagnosis.
- Train and recruit those with lived experience of homelessness.
- Include homelessness providers as trusted partners in care planning.

Q2. Moving care Into the community

Homeless Link members are overall supportive of moving more care into the community, particularly in the delivery of community-based care delivered within homelessness settings. There are already great examples of inreach and outreach services working with people experiencing homelessness across the country.

However, members highlighted the untenable financial situation currently faced by homelessness providers and the risk of mass service closures, and emphasized that the NHS should not take for granted that they will still be there to support delivery. Instead, the NHS should invest in homelessness providers, recognizing the important role they play in enabling health and preventing disease for people experiencing health inequality.

> ***"It makes the assumption that [homelessness] services are going to continue, but we are seeing a lot of decommissioning, or seeing services on the edge of viability. The NHS needs to understand it's got a stake in it, delivery of services to the most vulnerable people."***

Lessons from the sector

Members expressed their desire to support the NHS to deliver care in the community, but reflected the challenges they may face in enabling this. First and foremost, services reflected that the continued financial challenges faced across the sector placed their ability to support this at risk. For the homelessness sector to meaningfully support the NHS in its efforts, the 10 Year Plan must acknowledge the essential role they play and outline how it will work with Government to secure long-term funding for the homelessness sector and support the transition to a new funding model which supports the viability of services.

There are also practical, capital and infrastructure constraints that NHS must be conscious of when rolling out care in homelessness settings. Many services are delivered in outdated buildings and may therefore struggle to host services in safe

clinical space. Similarly, there are potential risks around safety or confidentiality if delivering in-home healthcare in shared accommodation like HMOs or hostels. Safe storage of medication in accommodation services or on the street can pose significant challenges to ongoing health management. Learning on how to tackle these challenges can be drawn from across existing learning on palliative care.

Enablers

Integrated budgets across health and homelessness, and a move away from short-term pilots and toward long-term funding for the provision of what works, would support a move to deliver more care in communities. However, **any additional roles and responsibilities for the homelessness voluntary and community sector, such as providing or supporting people to navigate in-person or digital healthcare, would require additional funding and resources.**

People experiencing homelessness would hugely benefit from multi-disciplinary health professionals – especially in mental health – embedded within homelessness services. There are good examples of community health hubs to build upon, and many services already act as hubs for complementary services such as health checks, wound dressing, sexual health screenings, GP outreach and dentistry. However, these are far from consistent, and access is often a postcode lottery.

We know that there is a cohort of people for whom the enduring health needs caused by trauma and homelessness mean they require long-term, continuous care. The open-ended, evidence-based support of high-fidelity Housing First is therefore more clearly defined as a health and care intervention than a simple homelessness intervention. Investment in Housing First would significantly improve the health outcomes of people experiencing homelessness with severe and multiple disadvantage, and mean key workers had sufficient time to offer support with navigating and engaging in healthcare. **In recognition of Housing First's role in delivering long-term care and preventing emergency health needs, the NHS should invest in its rollout across England, ensuring access to everyone who needs it.**

Overall, Homeless Link members ask that the NHS 10 Year Plan

- Commits to invest in homelessness services as enablers of health in communities.
- Scales up delivering of community-based inreach and outreach in homelessness settings.
- Support infrastructure upgrades to ensure such services can deliver care in appropriate settings, with consideration of confidentiality and patient safety.
- Invest in evidence-based health promotion interventions currently delivered by charity providers, including investing in a national rollout of Housing First.

Q3 Use of Technology

Homeless Link members are overall supportive of digital health services, but raised concerns about the risks associated with digital inclusion, infrastructure and increased staff support that digitisation could bring.

Data management

Proposals around improved data management were encouraged, with recognition that a shift away from needing to retell stories and support partnership working. Previous work from Homeless Link's Health and Wellbeing Alliance has shown that people with experience of homelessness are broadly in favour of careful data sharing when this comes with tangible benefit to their care:

> ***"Maybe streamlining to make data systems a useful service for the people whose data it is, rather than just the government."***

As key enablers of health for the people they work with, homelessness services should be consulted at all levels regarding how local health systems can be improved, and this includes on best use of data. In particular, the joining of health and housing data was highlighted as an opportunity for further improvements. Improved recognition of homelessness providers as trusted partners when accessing excluded groups should include creative thinking about shared care planning and how digital services can support this.

Digitisation of services

On digitisation of services, providers were less enthusiastic.

They raised concerns that a 'digital by default' approach would not work for many people experiencing homelessness. Tech was seen to create extra barriers to healthcare for an already excluded group. Members flagged that demand from people experiencing homelessness was in fact to move away from digital services and towards a 'back to basics' face-to-face approach.

There was concern about the actively negative outcomes that could result from this:

> ***"E-consults and video appointments seen to have a negative impact during Covid – example of vulnerable young people being more isolated and health issues less resolved than via F2F"***

> ***"If you take the humanity out of it you lose the opportunity. It's a trauma informed point of need."***

Members reflected that digital only worked when it was one of a menu of options – reflecting some people did prefer it, but others felt strongly against this:

> ***"We [started using] digital appointments […] it only works when the client has the choice to do one or the other."***

Digital exclusion

One of the primary concerns raised about digitisation was around the infrastructure to enable this. This cut across both the technology available to people experiencing homelessness, and the skills and support required to use it.

Levels of technological access and digital literacy vary enormously between people, and there is no one-size-fits-all approach that will meet the needs of all people experiencing homelessness. Certain cohorts, and young people in particular, were highlighted as highly digitally literate and sometimes preferring of digital support. However, digital exclusion remains a common challenge in homelessness settings for **a wide variety of reasons as explored by Groundswell** (2024).

The physical environment of homelessness does not lend itself to digital access: people sleeping rough face challenges safely storing and charging devices. Even with digital access, there are significant barriers to engagement: many hostels and supported housing units are not wifi enabled, and are not sufficiently funded to deliver this; residents in turn are rarely able to establish an independent wifi connection to their room. Even when housed, people frequently rely on digital hubs such as libraries or day centres to access the internet, and the ability to maintain confidentiality when using digital healthcare in public settings was a key concern.

Many of the devices available to people experiencing homelessness through support services or grant funds are basic, cheap phones without apps, and people often use credit as opposed to contracts with data use.

> ***"One of the biggest challenges is individuals not having the tech in the first place. Don't have a singing all dancing phone with apps."***

The final concern from members was around their capacity to support with an increasingly digitised system. Providers raised concerns that digitisation would push support needs downstream, freeing up NHS time but widening exclusion and placing extra demand on charities' time and resources.

> ***"Who is this is really for? It sounds like it's to save money and it works better for NHS but not for the client."***

Despite this, most services were happy to support people with digital appointments where they could, and reflected that this was already a significant part of their support work. The opportunity to link support workers in directly as a part of care planning was highlighted as an enabler to digital access.

> ***"An enabler, whoever the first point of contact is in the NHS, asking a question, 'are any other people supporting you', if that link is identified at early stage, we can facilitate things, e.g. a teams call."***

> ***"We would be really happy to help everybody access care digitally, but would need an additional worker full-time. To make sure people keep the appointment, technology to keep it, and would need to advocate for the client."***

Overall, Homeless Link asked that the NHS 10 Year Plan:

- Support the improvement of data sharing agreements to strengthen support and reducing the need to repeat their stories, thereby improving their pathways of care;
- Ensure digital services are part of a menu of options rather than the norm, recognising that digital by default approaches can inadvertently widen health inequalities for people with restricted access to technology, limited digital literacy, or those who achieve better outcomes in F2F appointment.
- Any increased demand on support services to enable digitisation should be met with funding to support additional worker time.

Q4: Access to healthcare for people experiencing homelessness

> ***" There are issues that disproportionately affect people experiencing homelessness […] the easiest way to prevent that is to prevent homelessness. This needs a bigger picture consultation, integrated strategy across departments, this strategy should get linked with MHCLG."***

We are glad to see the Health Minister engaging with the interministerial group on ending homelessness. The NHS has a vital role to play in the Government's upcoming homelessness strategy. Our foremost ask is that health continue to play a central role in the design and delivery of the upcoming homelessness strategy, including financial investment in long-term models of care such as Housing First.

Early intervention and support

> ***"Really prioritising young people experiencing homelessness, people don't truly understand health inequalities and the role of the in NHS solving this. NHS needs to make this connection for the public."***

Young people experiencing homelessness face some of the most severe barriers into wider care. But improved early intervention and health support can relieve homelessness and prevent its negative health outcomes before they occur. The NHS should therefore take a community-focused preventative approach to homelessness in young people, recognizing this as an effective upstream public health intervention.

> ***"Link that to sport, to demonstrate to young people a wider picture of healthy lives, long term goal of being healthy in the community you live in. Prevention, stay safe and warm, giving knowledge to young people."***

This should include targeted health outreach and better integration across health, social care and homelessness services working with young people.
Tackling stigma

> ***"Training to develop a universal understanding throughout the NHS of homelessness and broader health exclusion. This should include things like how to talk to people about health […] GP attitudes need to improve in some areas of health inclusion and there is a huge inconsistency nationally from GP practice to GP practice."***

One of the most significant barriers into healthcare for people experiencing homelessness is the fear of stigma, and of how their homelessness may impact the quality of their care (Reilly and Williamson, 2022). Experiencing stigma from professionals can cause serious aversions to engaging in medical treatment and means people are less likely to engage in regular health management.

> ***"There are a wide range of issues which can be faced by people experiencing homelessness which make it harder to interact effectively with health care providers … health literacy, being intimidated, low levels of trust in providers, lower education levels, cognitive issues, mental health issues."***

> ***"Multiple issues/ pain attributed to rough sleeping may mean that critical health issues may not be identified early."***

Embedding trauma-informed principles in health services can support people experiencing homelessness to engage with healthcare more consistently and improve outcomes and engagement. The NICE guidance on integrated care for people experiencing homelessness (2022) outlines the basic principles of responding to people in a consistent, non-stigmatising and trauma informed manner. Further measures should be rolled out to integrate the recommendations from this guidance into practice across the country and appropriate training to ensure staff have the skills to implement recommendations effectively.

Homeless Link have produced **a toolkit for services working with people experiencing homelessness** (2024), the learning of which can be adapted across healthcare settings.

Dentistry

> ***"The extreme lack of dental care and access needs to be addressed and the impact of how this affects people – interrupts nutritional intake, can be a cause of secondary conditions, this could be preventative."***

Dental care is a key enabler to wider health and quality of life, but dentists are often flatly inaccessible for people experiencing homelessness. Dental provision is often only limited to charity-led outreach clinics, which are ad-hoc in nature. Improved population-wide access to dentistry and incentives for dentists to engage excluded populations could reduce this inequality significantly and promote better preventative care.

Improving access to primary care

> ***"Getting GPs on board can be difficult and they do not fall under the Duty To Refer process so there is no statutory requirement for them to respond to homelessness – it would be great to see GP targets for in-reach support nationally."***

Primary care plays an essential role in everyday health maintenance, and access to good primary care can prove lifesaving for people experiencing homelessness. But services consistently report challenges engaging primary care, with difficulty making appointments and limited routine contact outside of specialist services.

> ***"Making general health check ups easier to access and more frequent. Not waiting for clients to reach crisis. This will help to identify things earlier. In Cornwall, which is quite rural, we have outreach bus services***

> ***for dental, psychiatrist, etc, and making them for general health appointments would be beneficial too."***

Given the severity of the exclusion experienced by health inclusion groups when accessing NHS services, there is strong evidence to support the delivery of specialist services to treat people where they are. There are a number of good practice examples to follow nationally, with models of outreach care such as UCL's Find and Treat service or Bevan Healthcare's Street Health team in Leeds. Drop in healthcare can be delivered in hostels and day centres with clinicians who are skilled in working with people experiencing multiple disadvantage.

> ***"Preventative health services and targeted screenings/ MOTs provided in places where people feel safe […] providing regular health screenings e.g., for TB, hepatitis C, HIV in shelters, day centres, and outreach programs as well as for chronic conditions such as hypertension, diabetes, and respiratory diseases."***

Overall, Homeless Link members asked that the 10 Year Plan:

- Commit to active prevention and homelessness reduction activity, in close collaboration with MHCLG.
- Embed principles from the NICE Guidelines on Intermediate Care for People Experiencing Homelessness, taking steps to minimise stigma and tackle health exclusion, particularly in primary care.
- Lay out plans to secure and broaden the commissioning of specialist services for people experiencing homelessness delivering health outreach in communities and treating people in place.

Q5. Long term vision

In its long-term vision, the NHS 10 Year Plan should:

- Commit to bold action to ensure that nobody becomes homeless because of unmet needs from the health system.
- Explicitly recognise the key role of the NHS in the upcoming cross-Government strategy to end homelessness.

The NHS 10 Year Plan can immediately improve delivery for people experiencing homelessness by:

- Commit to integrating the recommendations of NG214 at all levels of the healthcare system;

- NHS should improve partnership working between local health systems and homelessness services. This should include:
- Multi-agency working between homelessness providers and health partners, recognising homelessness providers as trusted partners in care planning and delivery.
- Appropriate amendments to data sharing agreements between health and homelessness to strengthen support and reducing the need to repeat their stories, thereby improving their pathways of care;
- A commitment to invest in homelessness services as enablers of health in communities.
- Improved communication between GP practices and homelessness settings.
- Minimum targets of face-to-face community-based engagement for GP practices with those experiencing homelessness.
- Immediately end the practice of street discharge.
- Work with local health systems to commission specialist inreach and outreach services for people experiencing trauma, ensuring everybody experiencing homelessness has access to high-quality specialist care.
- Lay out significant improvements to mental health provisions including specialist provisions and increased access to dual diagnosis.
- Invest in the rollout of a national Housing First programme, recognizing Housing First as the health and care intervention that it is.

Across the next Parliamentary term, the NHS 10 Year Plan should ensure:

- The Duty to Refer should be extended to GP settings and all health professionals upskilled to respond to housing risk and refer appropriately.
- Ensure the workforce is trained to deliver trauma-informed care and tackle stigma towards people experiencing homelessness.
- Train and recruit those with lived experience of homelessness.
- Support infrastructure upgrades to ensure such services can deliver care in appropriate settings, with consideration of confidentiality and patient safety.
- At population-level, improve access to key preventative health interventions through mental health services, dentistry, youth services and general practice.
- When upgrading digital health systems, engage in consultation with lived experience groups to minimise the risk of digital exclusion.
- Ensure any policy or practice changes which increase the support burden of homelessness services are matched with appropriate and adequate funding to resource additional support activities.