

## NHS 10-Year Health Plan

### Engagement Submission

#### About St Mungo's

St Mungo's is a leading homelessness charity with national influence. We work in partnership with local authorities, health colleagues and communities.

Our purpose is to end homelessness and rebuild lives. In the midst of some of the highest levels of homelessness and rough sleeping on record, we are needed more than ever.

Last year we supported 23,827 people who were homeless, or at risk of it. Of these, 9,040 were people supported by one of our 13 outreach services. We ran 147 services in total, in London and across the South of England. Our work means we were able to provide somewhere safe to stay to 2,313 people every night. We believe that policies and interventions can be put in place to end all forms of homelessness for good.

#### About NHS 10-Year Health Plan

The NHS 10 Year plan will set out how to create a truly modern health service designed to meet the needs of our changing population. This will be focused on the three parts or shifts that the Government, health service, and experts agree need to happen. This includes:

- making better use of technology to improve efficiency and accessibility.
- moving care from hospitals to communities, such as expanding community-based healthcare to reduce hospital pressure.
- focussing on preventing sickness, not just treating it, to keep people healthier for longer.

St Mungo's welcomes the opportunity to contribute to the development of this plan. To inform our response we interviewed a member of our Client Advisory Board with lived experience of homelessness, as well as drawing on our expertise as a leading service provider.

#### 1. Making better use of technology

Whilst the use of technology to streamline services such as virtual GP appointments and a central digital platform that holds patient records are measures that would positively impact the NHS and the treatment that patients receive, the push for digital transformation must ensure alternative options are available for those who struggle to use technology or do not have access to it. Accessing digital services is challenging without a stable home as it limits access to digital essentials such as reliable devices, power sources and internet connection.<sup>1</sup>

The transition to providing online NHS services must consider those who experience digital exclusion and rely on paper-based prescriptions and communications, as well as in-person appointments. If they cannot access healthcare as it becomes digitalised, the impact would be delayed diagnosis and treatment and subsequently, worsening health inequalities.

#### 2. Moving care from hospitals to communities

Moving more care to the community would reduce waiting lists for hospital treatments and allow hospitals to focus on emergency and specialist care, however, it must address accessibility barriers to ensure equitable healthcare.

- Many people who are homeless struggle to access GP services due to lack of a permanent address or documentation, as well as physical barriers such as transport. A

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<sup>1</sup> Groundswell. (2024). [Listen Up Insight 3 Digital inclusion and exclusion](#)

persisting problem with GP registration is that people are refused on the grounds of lacking ID, having no fixed address or not being able to prove their immigration status, despite NHS guidelines saying these should not be barriers.<sup>2</sup> Groundswell's 'More than a Statistic' research revealed that one of the key barriers that people who are homeless face to accessing healthcare is registering and making use of a GP practice.<sup>3</sup>

- Seeing the same doctor consistently is important for developing trust and communication between patients and healthcare providers. Having to engage with various healthcare professionals in a new care model may discourage engagement for people experiencing homelessness or rough sleeping and the Plan should encourage joined up and continuity of care.
- Patients who are homeless often stay longer in hospitals because they have nowhere safe to be discharged to and some are discharged onto the streets without follow-up care, increasing their risk of readmission. To support its ambition of delivering care in the community, the NHS Plan should ensure there is specialist hospital teams and intermediate care provision for people at risk of being discharged into homelessness. The current changes only reference delivering care in pharmacies, GPs, and in the home.
- Homeless individuals often face fragmented and difficult-to-navigate healthcare systems, particularly for mental health and substance use support, which are typically separate services. Lack of awareness about available support, entitlements, and access further complicates engagement. Additionally, many homeless people have multiple health conditions requiring coordinated care, yet inconsistent service integration and strict attendance policies can result in discharge from care if appointments are missed. Transitioning to multiple community-based services may worsen these issues, as individuals may struggle to attend different locations, leading to gaps in treatment and support. The Plan should have a focus on making community healthcare services accessible for inclusion health groups, ensuring they are flexible, low threshold, trauma-informed and person-centred and where possible delivered as co-located services.

### 3. Focussing on preventing sickness, not just treating it

The Plan focuses on prevention to save resource in the long-term and allow people to live, work and engage in society for longer, but this must integrate social factors like housing in order to have a substantial impact on the health and preventing sickness of the homeless and rough sleeping population.

- The Plan for Health focuses on a number of prevention programmes such as weight management or screening services that will have limited impact if the social determinants of health, such as housing, are not addressed. Poor housing conditions, such as damp, cold, overcrowding, worsen health issues and increase NHS demand, and people who have been homeless experience some of the most severe public health inequalities.<sup>4</sup>
- The prevention aspect of the Health Plan should have a focus on improving access to community mental health services for inclusion health groups, including how they are integrated with substance use.

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<sup>2</sup> NHS. (2023). [How to register with a GP surgery](#)

<sup>3</sup> Groundswell. (2016). [More than a statistic](#)

<sup>4</sup> NICE. (2022). [Integrated health and social care for people experiencing homelessness](#)

## St Mungo's Recommendations

There is a risk that the 10-Year Health Plan overlooks people who are homeless or at risk of homelessness. The changes outlined assume that individuals will have stable homes, digital access, and social networks, which homeless people often lack.

- Barriers to GP registration and access must be addressed if the Government is seeking to transition healthcare from hospitals to communities. There needs to be a fundamental shift in the GP contract to state explicitly that it is the duty of primary care services to cover inclusion health populations and that PCNs/ICBs must show how they are addressing the needs of patients in inclusion health groups. If the system of financial incentives for general practice is to remain, incentives should be adjusted to encourage work in areas of high deprivation, recognising the costs of the complexity of caring for people in inclusion health groups.<sup>5</sup>
- There should be alternative options and access to healthcare and support services that are not reliant on access to technology or digital literacy. The Plan should maintain walk-in services and paper-based appointment reminders, ensuring community clinics and outreach services offer face-to-face consultations.
- Specialised contracts, such as enhanced services and inclusion health clinics either as stand-alone or embedded within mainstream practices, help to meet the complex needs of patients in inclusion health groups. However, specialist inclusion health services (GPs or clinics designed for homeless people) are not readily available in all areas. Integrated Care Boards (ICBs) should be required to have a dedicated focus on tackling health inequalities for inclusion health populations, in line with NICE guidelines, as these groups often face barriers to accessing healthcare due to stigma, complex needs, and systemic inflexibilities. This should be accompanied by sustainable, ring fenced funding to support ICBs to meet this requirement. ICBs should be held to account by reforming NHS data so that it properly records people's housing status, across all NHS datasets, based on a revised set of SNOMED codes (Systemized Nomenclature of Medicine).<sup>6</sup>
- To effectively implement its goal of moving care into the community, the Government should promote and monitor the development of specialist intermediate care for people experiencing homelessness and other marginalised groups within the Better Care Fund - it should not be age restricted to the over 65s. Over the next Spending Review period, the Government should fund a national safe discharge programme of specialist hospital teams and intermediate care provision for people at risk of homelessness.
- Improving housing supply and affordability, along with appropriate housing-based support, would improve health outcomes and allow individuals to access routine healthcare, manage chronic conditions, and engage in mental health and substance-use support, preventing unnecessary hospital admissions.<sup>7</sup> It would support smoother

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<sup>5</sup> Pathway. (N.D). [Fulfilling the promise of prevention: the role of general practice in homeless and inclusion health](#)

<sup>6</sup> Pathway. (2014). [Tackling Extreme Health Inequalities Using Health Data: The Case for the Development of Routine Housing Status Recording](#)

<sup>7</sup> National Housing Federation. (2023). [Research into the supported housing sector's impact on homelessness prevention, health and wellbeing](#)

hospital discharge, freeing up beds and reducing costs. Housing serves as a crucial public health solution, improving overall wellbeing, while alleviating NHS pressures.

- The structure of mental health and addiction services often excludes people who are most in need. Challenges include high thresholds for care, fragmented services, and failure to meet the needs of those who also experience addiction. This leads to missed prevention opportunities and worsens health inequalities. The NHS 10-year Plan is an opportunity for a reset and for better mental health services to prevent homelessness by identifying and treating illness before it results in crisis, and by working with other services to intervene when housing is at risk.<sup>8</sup>

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<sup>8</sup> Pathway. (2024). [Seeing the Whole Person A Preventative Approach to Mental Health and Homelessness](#)