Dear Simon Stevens,

We are writing as a collection of national and local organisations working in the fields of homelessness and health. Many of us provide accommodation and support to people sleeping rough. We represent nurses, outreach workers, and other homeless health professionals who are passionate about rebuilding the lives of some of the most vulnerable in society.

People who are homeless experience some of the worst health outcomes in England, and die 30 years earlier than the general population. Following the new funding announced in the 2018 Budget, we are urging NHS England to use the upcoming Long Term Plan to commit some of this new spending to dedicated specialist interventions for this group, with a clear plan for how to address the shocking health inequalities that exist at present.

Rough sleeping has risen by 169% since 2010. Of the people seen sleeping rough in London in 2017-18, 50% had mental health problems, 43% had alcohol problems and 40% had drug problems. Estimates also put the proportion with physical health conditions at 46%. These factors are mutually reinforcing, and without targeted interventions and support, many end up stuck in a cycle of homelessness, poor health, and sadly too often – premature death.

The NHS could be doing much more for this particularly vulnerable group. We warmly welcome the objective in the Long Term Plan to reduce health inequalities and, in particular, your comments to the Health Service Journal in July 2018 where you identified outcomes for rough sleepers as a particular area of concern. The Government’s Rough Sleeping Strategy 2018 built on this, and as part of the Long Term Plan called on the NHS ‘to spend up to £30 million on health services for people who sleep rough, over the next five years’. The Budget 2018 committed new funds to the tune of £20 billion for the health service over the next five years, providing the necessary funding to deliver on this expectation.

The £30 million earmarked in the Rough Sleeping Strategy is a tiny fraction of the wider costs associated with homelessness. Estimates suggest £85 million is spent on acute services alone for people who are homeless, meaning costs per person of more than £2,100 compared to £525 per person among the general population.

We want to see at least the stated £30 million spent year-on-year, as new money to develop specialist services for people who sleep rough. Specialist interventions – such as dedicated mental health provision for people on the street and tailored services to increase access to general practice – can prevent admissions to acute services further down the line. Schemes
to address housing needs when people are in hospital can have a significant impact in
preventing people being discharged to the streets, for example by using a Critical Time
Intervention model. When delivered in partnership with local authorities and homelessness
services, these kinds of initiatives can be essential in reducing rough sleeping.

Finally, there must be a change in approach. We want to see a commitment in the Plan to
make core services more accessible to marginalised groups, and a route map for how to get
there produced in consultation with service users. This means greater flexibility in
appointments, ensuring NHS staff have training to improve attitudes to patients who are
homeless, and ending the scandal of people being turned away due to a lack of address or a
substance use problem. It also means a plan to work more closely with people experiencing
homelessness and the other services they rely upon – local authorities, supported housing,
day centres, and drug and alcohol services.

The Long Term Plan presents a vital opportunity to make improvements to the appalling
health inequalities that exist for this group. We hope the positive messages you have made
so far will transfer into clear commitments in the Long Term Plan. We look forward to
supporting the delivery of these ambitions in practice in the months ahead.

Yours sincerely,

Howard Sinclair, Chief Executive, St Mungo’s

Jean Templeton, Chief Executive, St Basils

Bill Tidnam, Chief Executive, Thames Reach

Mick Clarke, Chief Executive, The Passage

Steven Platts, Chief Executive, Groundswell

Rick Henderson, Chief Executive, Homeless Link

Polly Neate, Chief Executive, Shelter

Mike Barrett, Chief Executive, Porchlight

Jon Sparkes, Chief Executive, Crisis

Stephen Bell, Chief Executive, Changing Lives
Mark Simms, Chief Executive, P3

Andrew Redfern, Chief Executive, Framework Housing Association

Corinne Clarkson, Chair, London Network of Nurses and Midwives, Health Inclusion Network

Jon Kuhrt, Chief Executive, West London Mission

Mark Grant, Chief Executive, Action Homeless

Chris Fields, Chief Executive, St George’s Crypt

Seyi Obakin, Chief Executive, Centrepoint

Alex Bax, Chief Executive, Pathway