



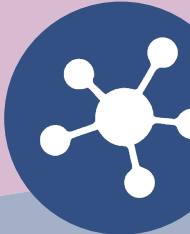
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Inclusion Health Summit 2025

Event report



Introduction

On 20th February 2025, Cymorth Cymru and Public Health Wales held an Inclusion Health Summit in Cardiff, which focussed on how we can better meet the needs of people who experience multiple disadvantage and traditionally find it difficult to access health services, including people experiencing homelessness, people in contact with the criminal justice system, refugees and asylum seekers, sex workers, and Roma, Gypsy and Travelling people.

The idea for the summit originated in the National Strategic Health Inclusion Group, which reports to the Welsh Government's Ending Homelessness National Advisory Board. The purpose of the group is to support strategic coordination around public health and health care service provision, including primary care, to reduce inequalities and improve health outcomes for inclusion health populations in Wales, including people experiencing homelessness. Cymorth Cymru, the representative body for providers of homelessness and housing support services in Wales, is a member of the group and agreed to organise the summit in partnership with Public Health Wales.

The summit aimed to provide a platform for people with lived experience, as well as frontline workers and senior decision makers from the NHS, public health and third sector to share their views and experiences. The programme explored the challenges and opportunities, as well as showcasing good practice, with the aim of improving the lives and health outcomes of people who face multiple disadvantage. Key themes from the day were the importance of multi-agency partnership working, flexibility within services to meet the needs of inclusion health groups, and the importance of outreach for people who face barriers to accessing traditional health services. The event was attended by over one hundred people from health, local government, housing, criminal justice and a range of third sector organisations working with inclusion health populations.

Thank you to all of our speakers, who shared their time and expertise with attendees, providing inspiration and encouragement to their peers.

- **Number of attendees:** 116
- **Organisations in attendance:** Welsh Government, Public Health Wales, all seven health boards, four local authorities, Welsh Ambulance Service, HMPPS, Royal College of Nursing, five housing associations, and thirteen third sector organisations, including those focused on homelessness, violence against women, mental health and substance use, and Gypsy Traveller Communities.
- **Average rating:** 9.3 out of 10



Welcome address

> Dr Tracey Cooper OBE - Chief Executive, Public Health Wales

Public Health Wales Chief Executive, Dr Tracey Cooper OBE, welcomed delegates to the event, highlighting the importance of partnership working, outlining how access to health services is a key contributor to people's health, and encouraging delegates to take action to improve health inclusion.

"Today is a time of action"



Blueprint Launch: Needs-based services for inclusion health

> Dr Kerry Bailey - Consultant in Public Health, Public Health Wales

Dr Kerry Bailey launched the [Blueprint](#) for needs-based services for inclusion health, highlighting the impact of overlapping, multiple risk factors facing marginalised groups and the barriers they face when trying to access health services. The Blueprint outlines how primary care services can consider and better meet the needs of people who traditionally excluded from mainstream support, outlining

key requirements, the importance of partnerships, workforce education and skills, clinical governance considerations, and how to capture outcomes. The next steps are to increase collaboration across organisations and with experts by experience, to deliver new and improved services across Wales.

You can access a range of inclusion health resources on the Public Health Wales [website](#).

"We should understand our populations, both by talking to them and looking at the data, and think about what services we need to develop."



Keynote speech

Sarah Murphy MS - Minister for Mental Health and Wellbeing, Welsh Government

The Minister for Mental Health and Wellbeing, outlined her commitment to inclusion health, highlighting the following points in her keynote speech:

- Access to essential services is the key building blocks for healthy and happy lives.
- Many of people within the inclusion health groups are disproportionately affected by trauma and adversity.
- There is ongoing and planned work from the Welsh Government to support the promotion of inclusion health.
- Co-production, listening to stakeholders and people with lived experience is central to developing inclusive health services.

"Co-production, listening to stakeholders and people with lived experience is central to developing inclusive health services."



Spotlight: Health Inclusion in Primary Care

> **Rebecca Bullingham - Advanced Nurse Practitioner, Oakfield Surgery, Ystrad Mynach**

Session highlights:

- The service was created in response to the worsening health of homeless people, with many facing barriers such as literacy issues, no fixed address or contact information, and previous poor experiences affecting access and trust in primary care services.
- The number of people in Caerphilly who were homeless in 2020 was approximately 256, however this has snowballed to 750+ in 2024/25, with a 3-6 month wait for emergency accommodation.
- People often rely on outreach services, with no dedicated primary health services for the homeless population. Many people are reliant on GPs, but having no fixed address can be a barrier.
- The service formed a separate pathway to enable easy access, takes a whole practice approach (i.e. from receptionist to doctors), and operates a model where anyone can refer a person experiencing homelessness (i.e. family, friend, neighbours, services, or the individual) with no need to be pre-registered.



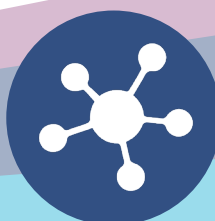
"People experiencing homelessness are not hard to reach, services are hard to reach for people experiencing homelessness."

What we learned:

- GMS registrations (Primary Care) is important because preventative measures, as well as access to secondary care is often available through primary care services and can be seen as 'a gateway to health access'.
- Pre-consulting with homeless agencies and homeless residents about their priorities can create a service which works for the needs of the area and its residents.
- Approaching the health board for enhanced service status to provide multidisciplinary status ahead of time helped with timely delivery of the service.
- Detailed assessments allowed for immediate issues to be dealt with and reduced lengthy GP follow ups. Inclusion on patient records avoids them having to repeat their history each time they access the service.

Feedback from patients/stakeholders:

- Enables people to feel part of the community.
- GP is someone they can trust and rely on to always be there.
- Demonstrates strength of partnership working.
- Strongly believe in equal access to care.



Spotlight: Specialist Mental Health and Substance Misuse Housing Outreach

> **Clare Lagier and Tracy Evans - Housing Outreach Services, CTM UHB**

Session highlights:

- This outreach service supports individuals who have previously had trouble accessing traditional mental health/substance use services, and people from across homelessness services, including Housing First projects in Cwm Taf Morgannwg.
- The goal of the service is to break down the barriers faced by this client group by taking the service to them and providing timely interventions focused on prevention.
- The service offers physical health assessments, liaison/referral to mental health services, signposting to other services and community activities, trauma counselling and employment services.

What we learned:

- An up-front, person-centred assessment of need reduces the need for people accessing services to repeat information.
- This client group often faces many barriers to accessing 'generic' services, such as a lack of understanding from professionals of their care and support needs, the ability to maintain engagement i.e. no regular access to phone, no fixed address, limited access to public transport, and a lack of confidence due to previous poor experiences.
- There are many challenges to be aware of in planning the set up of this kind of service, such as, non-attendance and discharge procedures – no understanding around lack of response, may no longer be at address, navigating stigma from other services, the expectation that clients need to fit specific criteria to be referred into services, and communication – use of various different digital systems, no central system.



Spotlight: Cardiff and Vale Health Inclusion Service

> **Dr Heledd Jones - Cardiff and Vale Health Inclusion Service (CAVHIS)**

Session highlights:

- The service provides an alternative treatment scheme which aims to deliver primary care provision for those previously excluded.
- The CAVHIS out-reach team includes nursing staff at frontline hostels / street outreach, and GP services at hostels.
- The in-reach team has built links with wider services such as substance use and helps to educate hospital staff on the needs of different client groups.
- The CAVHIS Hub has made established various partnerships to strengthen their reach including TB clinic, infectious disease clinic, physio, sexual health, FGM clinic, Oasis Dreamers Project etc.
- The services works with hospitals to set up help plans (i.e. providing strategy to feel safe during hospital stay, can be as simple as ensuring books to read etc.) and facilitating timely discharge.



"I don't think you can do this by yourself, you have to have partnership."

What we learned:

- Daily meeting between in-reach and out-reach teams provides a more holistic service
- Building relationships with specialist services can help further reach and engage people in precarious positions.
- Dedicated in-reach services can bridge gaps and help people who have been stigmatised by hospital experiences.
- Allowing referrals to be made by anyone (not just service workers) can make a service more accessible.
- Co-location in other services helps with building new relationships and better access.
- This approach has seen a 41% reduction in average length of hospital stay.
- There is a need to expand out-reach in specific settings i.e. probation, sex parlours, campsites.

Good Practice: Supporting Gypsy, Roma and Traveller Communities

> Dave Jolly - Flintshire Council, Hannah Lloyd - Betsi Cadwaladr UHB, Conor Chip - Cwmpas, Jason Tatton - Gypsies and Travellers Wales

Session highlights:

- People from this client group experience poor access due to inequitable design of services.
- Lack of equality monitoring in NHS services, difficult to profile people from GRT communities, people are scared to mention identity, staff also lack confidence to ask equality questions.
- There are several structural inequalities that have been identified for this client group including: Higher rates of poor health (shorter life expectancy, poorer cardiac health and respiratory health), experience of high levels of stigma and discrimination from health services, lower take-up on routine vaccines and cancer screenings.
- 7% of Welsh population not online at all and 22% do not have the infrastructure to get online.



What we learned:

- Interviews and engagement with members of the community through surveys and focus groups produced a series of recommendations which included:
 - Greater collaborative working and good practice sharing needed – establishing a multi-agency group to ensure coordinated whole-system approach
 - Cultural competence training for all staff
 - Development of GRT sites that promote good health i.e. green spaces
 - Improving equality monitoring that is inclusive and safe for GRT community
- There is an importance of flexibility and openness in visiting GRT sites, not assuming what they need but asking them what they need.

Good Practice: Supporting women involved in sex work

> **Zoe Couzens - Public Health Wales, Lauren Spooner and Alex Batcup - Swansea Women's Aid (SWAN Project)**

Session highlights:

- Every local authority in Wales has known sex workers, and Cardiff University found that a significant number of sex workers are previously known to social services.
- Swansea University found that among students 5% were already engaged with sex work, and 22% were considering it.
- Significant numbers of people involved in sex work also employed in social, health and care sector (often associated with low pay).
- Sex workers have a reliance on A&E as there are no specialist services and that there is often stigma associated with being a sex worker that leads to their concerns not being taken seriously.
- The SWAN Project aims to be a safe and visible presence to women currently involved in sex work.
- The project has a strong out-reach presence operating both day and night which provides: access to sexual health provision, necessities such as food, clothing and hygiene products, signposting to daytime services, referrals to mental health services, and help reporting criminal activity i.e. trafficking. Often the SWAN Project serves as the first point of contact for women to access further structured help and rehabilitation services.



What we learned:

- Sex workers face significant barriers to healthcare including: stigma and discrimination, trauma from medical settings or violence and abuse, digital exclusion, fear of confidentiality breaches, fear of being kept in hospital due to withdrawals or refusal of treatment due to drug use, 'chaotic lifestyles' incompatible with rigid appointments, fear of questioning and police involvement, and social isolation.
- It is Important to maintain consistency due to past experiences and maintaining trust.
- Health boards need to be flexible and open-minded, understand that women may not want to speak directly to them, and may prefer to be supported by a specialist service.
- Understanding that a lot of women may be in environments that do not facilitate their recovery.

Good Practice – Supporting refugees and asylum seekers

> **Dr Heledd Jones - CAVHIS, Kaveh Karimi - British Red Cross**

Session highlights:

- The CAVHIS Hub helps people going through the refugee and asylum system, targeting newly arrived asylum seekers in initial accommodation (seen as the most vulnerable), people in refugee resettlement schemes, homeless refugees, and those going through family reunion.
- Asylum seekers tend to have increased health needs, affected by both pre-arrival (home country) factors and UK factors.

What we learned:

- Pre-arrival factors include: infectious disease prevention, health literacy and beliefs, experiences of violence and sexual violence in their home country, experiences of poverty in home country, experience of travel to the UK i.e. impact of conditions, stress, effect on mental health.
- UK factors include: asylum process i.e. lengthy, uncertain, negative effect on mental health, interruption of healthcare and medication, asylum system often ends in homelessness, barriers to healthcare i.e. language, cultural nuances/needs, religious beliefs, unfamiliar process to access and navigate healthcare system compared to home country.
- CAVHIS found effective ways of addressing increased health needs, including: provision of one hour initial assessment with adult/paediatric nurse, screening tests relevant to the individual, immunisations, referral to the third sector, British Red Cross drop-in service in building for non-health needs i.e. part of no wrong door approach, cervical screenings, GP/ midwife/health visitor appointments, referral to dentist and optician, and local orientation.



Good Practice: Supporting people experiencing homelessness

> Jason Nancurvis - The Wallich

Session highlights:

- Many people experiencing homelessness face barriers to accessing health services such as greater out-of-hours need, other priorities eclipsing healthcare access, administrative (e.g. no fixed abode)
- Increased health risks such as wounds, sexual health issues, respiratory illness, drug and alcohol dependence.
- Some of the challenges experienced by homelessness services include difficulty maintaining engagement, improving access and increasing testing, partnership working with other services, and delivering trauma-informed care.
- The Wallich Streetfleet is an outreach vehicle designed in consultation with experts by experience, there are a number of different sized vehicles used from large multi-purpose vans to smaller vans which enable the Wallich team to go into areas with reduced space and parking.
- The outreach vehicles aim to catch people who fall through the net of more generic healthcare routes, build and maintain partnership working across health boards and local authorities across Wales, and provide collaborative, on-the-spot support on the vehicle, including sexual health diagnosis and treatment, harm reduction and outreach.



What we learned:

- This model has had the effect of increasing timely treatment, and has seen a 246% increase in HIV testing.
- Future opportunities and work have been identified including: increased working with local authorities and health boards, creating links with social housing, evolving the service to provide a wider range of services including wound care, counselling, testing for BBV and sexual health, substance use harm reduction (naloxone kits and needle kits).
- There is a need for mobilising the vehicles to react to bad weather and low temperatures.
- These kinds of models have a need for consistent funding to keep service going.

Good Practice: Supporting people in the criminal justice system

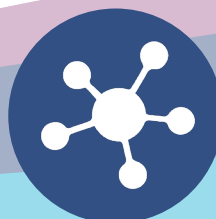
> **Matthew York, Ben Gray and Matt York - Public Health Wales, Bethan Waites - National Probation Service**

Session highlights:

- Ongoing research to develop a better understanding about the leading causes of mortality for people in contact with the criminal justice system.
- Between April 2022 to March 2023 there were 1,520 deaths of offenders in the community, with numbers increasing year on year.
- There were 93 causes of deaths found using ICD-10 codes. Grouped causes into 22 overall categories, with the 7 leading causes including drug-alcohol deaths (43% - opioids top, alcohol second), cardiac and respiratory illness.
- Key health issues for people leaving prison are continuity of medication on release and high dental needs.

What we learned:

- The research recommended that surveillance of mortality under probation should be routine practice in order to refine data, and surveillance models including adding housing data need refining.
- There are no female approved premises that exist in Wales so it was mainly men involved in the assessment of continuity of care for people leaving prison.
- Following the assessment some recommendations that were made include: residents arrive at approved premises with enough medication for 7 days and having people register with local GP on arrival at Approved Premises, health boards should consider use of salaried dentists and dental services in prisons and probation. In Cardiff and the Vale, prison leavers can access community dental care.
- There is a need to continue building networks with key stakeholders.



Panel discussion: Reflections on inclusion health

> **Fiona Kinghorn - Public Health Wales, Dr Keith Reid - Deputy Chief Medical Officer, Zoe Wallace - PHW/NHS Executive, Anthony Vaughan - The Wallich**

Key reflections:

- There has been significant progress in the development of inclusion health across Wales, which is all the more reason to continue in the journey
- The sessions indicate it would be beneficial to continue to foster involvement and joined-up working between local authorities and health boards.
- There are a lot of similarities and overlaps in the experiences and barriers faced by people in the inclusion health groups, and a need for holistic and systemic change in order to overcome these barriers.
- Compassion has been a key theme that has resonated throughout the day, from speakers and attendees across different organisations and parts of the system.
- One of the key enablers is the commitment to action and leadership.
- There is a need to expand involvement in inclusion health beyond those who are already enthusiastic and engaged, to those who are not in the room today.
- People need to be bolder about not asking permission from central decision makers when acting on inclusion health.
- We need to discuss what the enablers are in the system, need to be more imaginative about how we get funding to what matters.
- We need to continue to raise awareness of what works, and share good practice.
- Acknowledgement of an extremely challenging system, but important not to become overwhelmed and 'give up' on improving access and outcomes for inclusion health groups.
- Continuing to develop outreach is important to reach different communities.
- Strengthening accountability and expanding responsibility beyond public health.
- Improving data has been a constant theme, need to work collectively to improve range and quality of data to drive resourcing.
- The stigma facing inclusion health groups remains a key concern, need to continue to educate people about the impact of trauma and challenge 'othering' of these groups.
- Third sector can play a crucial role and should be viewed as equal partners.

"The panel discussion at the end was great."



Attendee feedback

We gathered feedback on the summit from delegates, below we've summarised some of the key themes.

Overall satisfaction with the Summit:

We asked delegates to rate how they would rate the day on a scale of 1-10. We were delighted to receive an average score of 9.325.

9.3
out of 10

What was successful and worked well at today's event?

Above all, attendees really appreciated the quality of the content, the variety of issues covered, and the expertise provided by the speakers. People felt that the sessions included examples of good practice and this would inspire innovations in their own areas. People also left positive feedback about the venue and the overall organisation of the day. A common theme was the value that attendees placed on the opportunity to connect with people face-to-face, learn from each other and network. The following quotes were left on the feedback forms:

"So many relevant and inspiring presentations with a good variety and all linking to health."

"Very well organised and structured as per programme."

"Organisation, catering, the panel at the end, the chair did an excellent job."

"Variety of topics and expertise of the speakers."

"Such a huge range of lenses explored."

"Best practice examples, data, range of speakers, range of delegates."

"Presenters, the energy they brought, content excellent."

"Well planned, excellent presentations, chance to network and meet new people."

"The panel discussion at the end was great."

"A nice cosy event, a warm and valuable event. The presenter for the whole day was brilliant."

What could be improved?

Although people appreciated the variety of topics and speakers throughout the day, several attendees said they would have appreciated additional time for Q&A, networking and that some sessions felt a bit rushed. People were keen to continue the conversation and explore the good practice highlighted in the presentations. One person said they would have liked to hear from more people with lived experience. Overall, the venue and food were rated favourably but there were one or two people who would have liked different catering options. A few delegates said that it was sometimes hard to hear, because other people were on their phones or talking, and one person commented that some presentations were difficult to read and suggested that we remind speakers to consider sensory loss when creating their presentations. We were very pleased to see that a lot of the respondents either said they felt there was nothing to be improved or left the box blank.

"A little more time for Q&A, appreciate the balance between filling the agenda and having time to do this."

"Maybe real-life experiences told by the people themselves about what hindered and helped them to overcome and live beyond their previous difficult circumstances."

"Some timings were tight and speakers didn't get a chance to answer questions."

What did you learn today that could be used in your organisation?

There were extremely varied and interesting responses to this question, including commitments to share information with colleagues and consider how to implement good practice in other parts of Wales. Others reflected on stigma and language, considering how they could ensure that services are more flexible and non-judgemental when interacting with marginalised groups. Some attendees said they were going to connect with other services and progress partnership working to better meet the needs of people from inclusion health groups.

"Emphasis on the importance of joint working. Learnt about inclusion panels and seminars in Cardiff, will share with my team."

"Link with the probation service re: prison leavers and health inclusion."

"A lot of info on good practice, specific services that I'll take away and share."

"Progress can be slow but with collaborative working changes can be made."

"Flexibility, non judgemental, barriers that hinder vulnerable groups."

"It's provided me with greater understanding of what other organisations are doing to promote and achieve health inclusion."

"Say (substance) use not misuse. Whilst stigma exists, refreshing to see the extent to which empathy spreads across the sectors. It feels like now is the time for health and social care to take the leap. Identifying finds within existing finds, challenging stigma."

"Models such as HOS Cwm Taf and CAVHIS, and on outreach."

"How enabling our NHS policies and technical document are to deliver on IH and health inequalities."

"Sign post people, tell people to ask again, maybe better results next time."

"A lot of general context, different practice happening across the country – I will look into replication."

