



Bwrdd Iechyd Prifysgol Caerdydd a'r Fro  
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Cardiff and Vale University Health Board  
**Public Health Team**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

# Director of Public Health Report

## Prioritising the Early Years – Investing for the Future



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This report was inspired by The Academy of Medical Sciences report 'Prioritising early childhood to promote the nation's health, wellbeing and prosperity'. Thank you to the report's authors and particularly to Angel Yiangou and Eliza Kehoe.



# Foreword

**Never before have we had so much knowledge and understanding of how important early childhood moments and years are to the health of our wider society.**

As Executive Director of Public Health for Cardiff and the Vale, I have chosen for my first report to focus on children aged 0-5 years – the ‘early years’ - recognising that we have the opportunity to create healthy conditions in this period that can have lasting impacts, both now and into the future.

We are fortunate regionally to have immense energy, innovations and experience around child health and wellbeing. Integrating our efforts and using a public-health approach with data and evidence, with staff, parents and young people themselves, could help us reach even higher. We know partners in the region are committed to creating the best start for children and young people, from our Joint Area Plan for 2023-2028.

A recent report by the Academy of Medical Sciences summarised all the evidence that prioritising early years can improve the nation’s health and prosperity; this report is a call to action, highlighting the importance of investing at this critical time in a child’s life. We know children were among the most affected by the COVID-19 pandemic, but there is still a chance to shift our focus and invest in their health now.

**It is my hope that these findings provide the inspiration and evidence so we can explore what is working well locally and highlight improvements for action.**

My report describes the state of health in the early years, identifying recommendations to address vaccine-preventable diseases, healthy weight, oral health, and breastfeeding. I look forward to hearing your feedback and to working with people across Cardiff and Vale in implementing our recommendations. To give children in Cardiff and Vale the best and healthiest start in life.



**Claire Beynon**  
*Executive Director of Public Health*

# Cardiff and Vale University Health Board Youth Board Foreword

## As a Youth Health Board member, I believe deeply in the importance of investing in health during the early years of life.

Through my studies as a medical student, I've had the privilege of learning from midwives and health visitors about the profound impact these early years have on a child's development, future health, and overall well-being.

They have shown me how early health influences physical, cognitive, and emotional development, all of which shape a child's future potential. The early years are a sensitive period where children's brains and bodies are highly responsive to the quality of care and support they receive. Ensuring every child has the best possible start can lead to healthier, more resilient adults, while lack of investment in these years can hinder growth and opportunities later in life. Therefore, giving children a strong start in life is a crucial responsibility that we all share.

However, not every child begins life on equal footing. Children from low-income or minority backgrounds often face barriers to accessing essential resources like healthcare, nutritious food, safe housing, and educational opportunities, which can negatively affect their development. As someone from an ethnic minority and low socioeconomic background myself, I have seen the reality of these disparities first-hand and understand the lasting impact they can have on a child's life. These gaps in health investment in the early years can create a cycle where disadvantaged children grow up facing more health and social

challenges, limiting their life outcomes and widening inequalities.

Addressing these disparities requires a collaborative, cross-sector approach. Early years settings and schools play a key role by fostering supportive environments and early education programmes; the third sector, including charities and community organisations, can provide resources and outreach to support families in need; and local and policing authorities can help maintain safe communities where children can grow and play without fear. Healthcare providers, midwives, and health visitors are also essential, as they can monitor and support children's health from birth. Each sector has a role in ensuring all children, regardless of background, can grow up in environments that nurture their development and health.

The recommendations in this report are a much-needed call to action, emphasising the urgency of doing more to support health in the early years. Investing in these years isn't just an investment in individual children but an investment in a healthier, more equitable society. I am excited to see these recommendations put into practice and to witness the positive change they can bring to early childhood health and well-being.



**Athika Ahmed**  
Youth Board Member

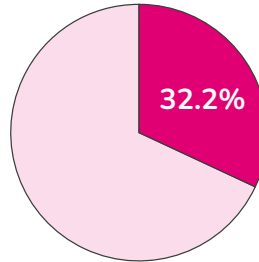
# Early Years at a Glance

Population estimates mid-2022<sup>1</sup>

**31,492**  
0 – 5 year olds

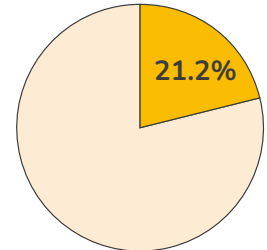


Children aged 5 who have had tooth decay in Cardiff and Vale<sup>3</sup>



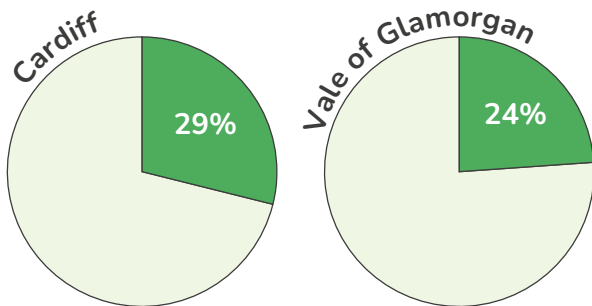
Tooth decay is a preventable condition affected by nearly a third of all 5-year olds. This is higher in our disadvantaged communities.

Children aged 4 or 5 in Cardiff and Vale either overweight or obese<sup>4</sup>



Over a fifth of children aged 4 or 5 are overweight or obese. This rises in our disadvantaged communities

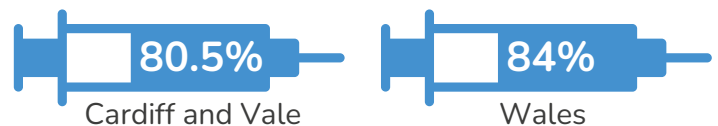
Percentage of Children 0-15 years old living in Relative Poverty (2022/23)<sup>2</sup>



Immunisations

Childhood vaccination targets not met<sup>6</sup>

% of children at age 4 up to date with all scheduled vaccines (2022-2023)

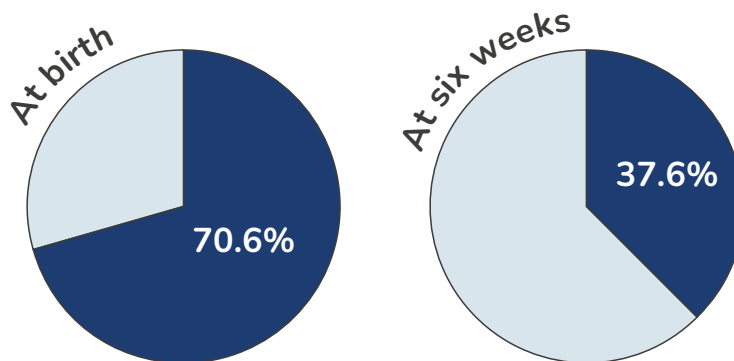


The majority of routine childhood vaccinations programmes do not meet the 95% coverage target set by the World Health Organisation, and this has led to preventable infectious diseases and death.

Breastfeeding

Less than 40% of babies are breastfed at six weeks<sup>5</sup>

Exclusive breastfeeding (Cardiff and Vale – quarterly October - December 2023)



The World Health Organisation recommends exclusive breastfeeding for the first six months of life

<sup>1</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales>

<sup>2</sup> <https://endchildpoverty.org.uk/child-poverty-2024/>

<sup>3</sup> <https://phw.nhs.wales/services-and-teams/dental-public-health/files/oral-health-intelligence/cardiff-and-vale-uhb/>

<sup>4</sup> <https://phw.nhs.wales/services-and-teams/child-measurement-programme/cmp-2022-23/>

<sup>5</sup> <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Primary-and-Community-Activity/Breastfeeding/breastfeedingquarterlyrates-by-age-lhb>

<sup>6</sup> <https://phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-archive-folder/annual-reports/vaccine-uptake-in-children-in-wales-cover-annual-report-2023/>

# Young Persons' Voice

As part of preparing this report we visited the Health Board's Youth Board to ask them about their experiences and thoughts about vaccinations, good food and movement, oral health and breastfeeding.

We used the Thorn, Bud, Rose Framework.



**Thorn:** A challenge around the topic

**Bud:** A new idea or an opportunity

**Rose:** A highlight, something that works well or is positive.



**Thorn:** Lack of appointments for dentists so parents will not receive guidance for their children on how to look after oral care at such young ages.



**Bud:** Increase number of free NHS appointments especially across weekends so that parents are more likely to be able to take children to them.



**Rose:** Parents can gain knowledge about how to brush their children's teeth and prevent any further dental problems.



**Thorn:** Immunisations may be given in a place far away from urban areas and in some areas it is unlikely to have cars.



**Bud:** Make immunisations available in more local GP surgeries or community centres so people do not have to travel so far to the main place to receive immunisations.



**Rose:** Places for immunisations are now in walking distances are so much more accessible.



**Thorn:** Picky eaters! Major issue especially for younger kids, I vividly remember only wanting to eat fries and bread.



**Bud:** Encourage wider variety of food from as early as possible. Make food options cheaper so they are as accessible as unhealthy options.



**Rose:** Whenever I discovered a new food that I liked I was generally happy and felt like I had unlocked something new.

## Some of the other comments included:

“lack of knowledge about vaccines and being healthy – talks could be given in schools on the importance.”

“make letters from public health services more child friendly e.g. including pictures, icons and more colour. This would make it easier for them to read the information and also be more engaging.”

“School allows all children to try new fruit and drink milk. Schools have thriving breakfast clubs which encourage healthy options.”

“Encouraging children to ride their bikes, scooters to school.”

“Primary schools play time involves running around and letting out energy. High school – it's not cool to act like that anymore – teens just chill!”

# Chapter One

## Health and Wellbeing in the Early Years

### Introduction

Every child deserves to thrive. Investing in the early years creates a foundation for life-long health and wellbeing.

The gap in health outcomes between our most and least deprived communities continues to grow and requires sustained attention and action. Health inequalities impact families across generations, affecting individual wellbeing and community prosperity. Focussing efforts on parents, babies and young children gives us the chance to provide the conditions which can promote good mental and physical wellbeing with the benefits experienced into adulthood.

**The health of the UK population is worsening – between 1960 and 2020, the ranking of life expectancy in the UK fell from 7th to 23rd amongst OECD (the Organisation for Economic Co-operation and Development) member countries<sup>7</sup>**

### What affects the health and wellbeing of our children?

There are many factors which affect our health and how we live. The 'socio-ecological model'<sup>8</sup> overleaf (Figure 1.) helps us understand and consider the range of influences and describes each 'layer' (like an onion). To improve the health and wellbeing of our young children and families, we need to think about the positive conditions that are needed to create good health in each layer and how we influence them. For example: in the physical environment layer, we need to ensure that everyone has affordable and healthy food near to where they live and all children have the opportunity to play and be active.

Making changes to these wider factors (instead of only considering individual behaviours) will give us a better chance to improve the health of our children and families. However, no single organisation can tackle these factors alone; it will require working together across many sectors and organisations, all working together towards a shared goal.



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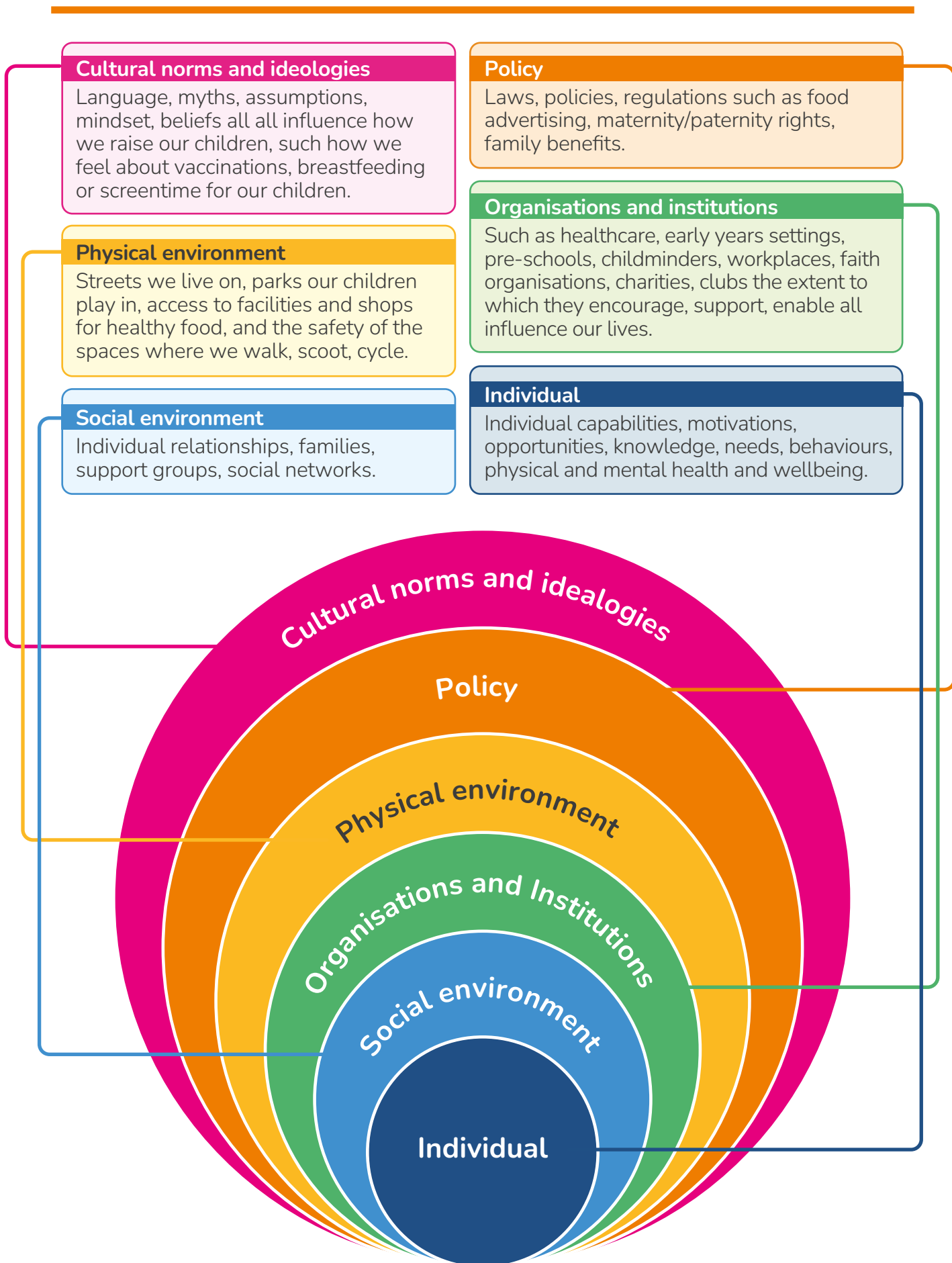


Figure 1. Based on the socio-ecological model<sup>B</sup>

## How poverty affects outcomes for our children

The effects of poverty on children's health can be seen even before birth. Children born to parents living in poverty are more likely to be of a lower than average weight at birth which is linked to poorer outcomes in later life. These children are also less likely to survive the first year of life and to suffer from asthma and other childhood diseases. Children in poverty are more likely to have poor mental health and are at higher risk of psychological distress.

Children growing up in poverty on average do less well in education. Gaps open up early in a child's life, even before they start school, and these gaps persist and widen. Children from lowest income families are less likely to achieve education benchmarks aged 11, make slower progress in secondary school, and are much less likely to attend higher education. This has an impact on levels of educational attainment and later job opportunities and wages.

In addition to the costs to an individual of child poverty, it also places costs on society. Having so many families and children in poverty draws costs from other government budgets. Poorer physical and mental health impacts the NHS, poorer educational attainment reduces workforce skills, and additional public services are needed to cushion the effects of living in poverty.<sup>9</sup>

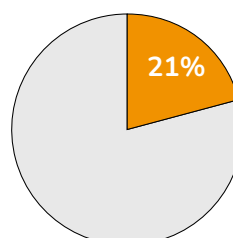
Information from the Child Poverty Action Group states that in 2023 the basic cost (excluding rent and childcare) to bring up a child to aged 18 was estimated at £76,000 for a couple and over £122,000 for a lone

parent. The cost is higher for lone parents as they cannot achieve some economies of scale that can help couples. For a family not in work, benefits cover less than half of what a family with two children requires. Three times more children were living in extreme poverty in 2022 compared to 2019. The cost to our society- through things like increased healthcare needs, lower educational achievement, and reduced future earnings, was estimated at £39 billion in 2023. That's close to £600 for every person in the UK.<sup>9</sup> However, child poverty is not inevitable. Making sure every child gets a good start in life is crucial in ensuring the best possible outcomes for families and for society.

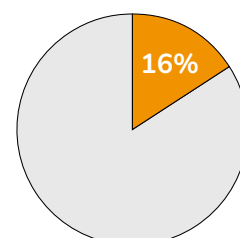
**The child mortality rate in Wales is 70% higher for children in the most deprived groups than the least deprived children.<sup>10</sup>**

## In Wales, Senedd Research<sup>10</sup> reported:

- There is a clear association between childhood deprivation and being unemployed and/or living in poverty as an adult, with the links between these at UK level being amongst the strongest of European countries.
- In 2023 in Cardiff 21% of children under the age of 16 years were living in Relative Low-Income families with 16% of children under the age of 16 years in Vale of Glamorgan<sup>11</sup>.



Cardiff



Vale of Glamorgan

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## School readiness

The term ‘school readiness’ refers to a measure of a child’s cognitive, social, and emotional readiness to begin formal schooling.

Being ready to begin school is associated with many positive outcomes, therefore improving school readiness is vital. Children with low school readiness need additional support from schools for learning, developing required social and academic skills, and catching-up with their school-ready peers. Children who are not ready for school can take many years to catch up with their class mates, if ever. This can contribute to widening inequalities.

Therefore, identifying the factors that contribute most significantly to a child’s readiness to start school is crucial to their future health and well-being, and that of society.

There are many factors which may affect a child’s school readiness, such as: eligibility for free school meals, low school attendance in early years (e.g. nursery), extremely low birth weight. Increased poverty and the cost of living crisis are also likely to result in lower school readiness and decreased educational attainment.<sup>12</sup>

Those children who are not school-ready find it difficult to catch up and can be affected later in their education. A recent UK study following 60,000 children found that those who were not school-ready were nearly 2.5 times more likely to be persistently absent from school<sup>13</sup>, affecting their life chances and health into adulthood. The importance of the early years to set children up for success at school and beyond is vital as it is for their health and wellbeing.

Research indicates that attending early years childcare settings promotes school readiness and contributes to later school attainment and positive life outcomes into adolescence.<sup>14</sup> As well as affecting cognitive and educational outcomes, there is clear evidence that early years childcare experience can have long-term positive consequences for socio-emotional development.

**In Wales, school readiness data stopped being published in 2019. As an important indicator of future health and wellbeing, re-establishing this for monitoring and to contribute to evidence of any interventions will be of importance.**



## Why prioritise and invest in the early years?

The first five years of life shape lifelong health, yet we face growing evidence that the health of our young children is under increasing pressure.<sup>15</sup>

The time to act is now. This year's report highlights the importance of health in the early years – which for this purpose, includes the first five years of a child's life, as it is becoming apparent that health in the early years is increasingly under threat<sup>15</sup>.

Intervening earlier can also be easier than when a person is older and may already have started to have negative health outcomes from less healthy eating habits, a lack of physical activity or not having good oral health care in place for example.

Investing in early years yields powerful returns for society. When we create the right conditions for health from the start- through good services, supportive environments, and fair access to opportunities we significantly improve outcomes for children, families and communities. Evidence shows that early investment brings substantial economic and social returns.

For example, every **£1 invested in supervised toothbrushing programmes generates £3 in returns** through reduced treatment costs, better health outcomes, and improved life chances.<sup>16</sup>

Services can make a real difference for children and their families, if delivered at the right time and in the right way. Some families struggle to get support and by improving services and help we can maximise their health outcomes now and later in life.

**This is our opportunity to focus on the importance of investing in children and understand what the early years looks like across Cardiff and the Vale and make recommendations for future action.**



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## What is our national and local context?

Wales has a strong policy landscape to promote and develop health, wellbeing and opportunities for babies and children through world leading national legislation such as the Wellbeing of Future Generations Act (2015)<sup>17</sup> which requires public bodies to think about the long-term impact of their decisions. This offers a huge opportunity to make a long-lasting positive change to current and future generations.

Both Cardiff and the Vale of Glamorgan's Public Services Boards (PSB) Wellbeing plans highlight the importance of having the best start in life with Cardiff's aim of:

**'a great place to grow up'**<sup>18</sup> and the Vale of Glamorgan plan aiming to build on their objective **'to give children the best start in life'**<sup>19</sup> recognising the importance of the early years.

In October 2023, Cardiff became the first city in the UK to be formally recognised a UNICEF Child Friendly City (CFC)<sup>20</sup>, recognising that Cardiff is embedding a child rights-based approach across local strategy, policy, service delivery and public space. Key to the work of a Child Friendly City is the involvement of children, young people and families in having a say on the design and delivery of services and wider decision making. Public Services Board partners have worked to implement a number of ambitious projects, initiatives and actions to ensure children and young people, across the city, are able to claim their rights and address the barriers which may limit their life chances.

Our regional Joint Area Plan 2023-2028 was developed by the Cardiff and Vale Regional Partnership Board with partners from the NHS, councils and third sector - has a goal of:

**"a better start for children and young people".<sup>21</sup>**

The Regional Partnership Board's priorities for babies, children and young people are delivered by the Starting Well Partnership which includes membership from social services, education, the Health Board, and third sector. The partnership is using the NEST (Nurturing, Empowering, Safe and Trusted) Framework to reflect and improve the way services support the wellbeing and mental health of babies and children, seeing them within the context of their families, communities and societies they are in. The Framework will help to assess where services are currently at against a range of themes, and plan together how to make improvements.

A specific piece of work is the Early Years Pathfinder, a national programme of work designed to bring a more coherent and joined up approach to the delivery and support for young children and families. Locally this has been delivering support across the Cardiff and the Vale to support and upskill the workforce around neurodiversity, perinatal and infant mental health, children looked after with additional learning needs and the childcare workforce and additional needs/ additional learning needs.

Complementing the work on young children's mental health, is a project introduced by the Vale of Glamorgan Healthy and Sustainable Pre-School Scheme within pre-school settings. The scheme teamed up with Barnardos to deliver the PATHS® Programme for Schools (UK version), which supports young children to grow into adults with a healthy understanding of themselves and their relationships with others.

Children in their earliest years are navigating an unfamiliar landscape of experiences and relationships, some which bring immediate joy, others which bring confusion, contradiction and discomfort. Through these experiences children develop skills which they will continue to use throughout their lives. Using stories, puppets, games and activities, children explore their emotions and feelings, and relationships with the significant others in their lives. The success of this programme enabled two Vale of Glamorgan childcare settings to join only four others across the UK to achieve 'Model Pre School Status'. It offers an opportunity for children to develop skills across all areas of their lives, helping them grow into secure, confident adults.

Local partners have collaborated to develop a scheme that, if funded, could support families with children experiencing child poverty targeted at areas of most need in Cardiff and the Vale. "Building Futures: Action on Child Poverty at the Edge of Care in Cardiff and the Vale of Glamorgan" focuses on accessible, joined up services and collaborative working. For more information on the proposal see Appendix 1.

**The Health Board as an organisation is committed to improving the outcomes for children, and has been developing a new children and young persons plan; 'Our Babies, Children and Young Persons Plan to 2035'. The ambition of the plan is to deliver outstanding care for babies' children and young people ensuring outcomes and experience for all that compare with the highest performing peer organisations. Delivering seamless, timely, and specialised care to every baby, child and young person, ensuring no one is left behind.**

There is a large early years workforce supporting and improving the health of our families and young children from health services, education, third sector and other childcare settings. Integration and collaboration between services and sectors working with our children and their families is challenging and complex. The two case studies over the next pages describe two pieces of work which are helping to promote and integrate services and data.



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## CASE STUDY 1



### Integrating and collaborating between early years services, using Summary Care Viewer (SCV)

Many departments and organisations provide services for children in their early years who live in Cardiff and Vale of Glamorgan. They all use different digital/ data systems to record patient notes and information, and traditionally those data systems don't talk to each other.

A new programme initiated by the Regional Partnership Board will connect health and care data systems together and display key information into a Summary Care Viewer, pulling it together for different teams/ organisations and sectors to view. For our early year's workforce, this would mean that health visitors, GPs, the Emergency Unit, and care planning teams would have access to live information on the Summary Care Viewer. It will ensure that the right information is available in the right place, at the right time and to the right staff, supporting the improvement of outcomes for patients, service users and carers.

This will mean that services are more integrated and connected with each other, we will have a more informed workforce who can make faster and safer decisions, and it will reduce duplication and save time.

This is a huge programme of work which will take time to complete, so it will begin with testing and piloting in two areas, one of which is within health and care teams who support children referred to neurodevelopmental pathways. At present staff rely on phone calls and emails to discover if a child has been referred to the Neurodevelopmental service and at what position the child is on the waiting list. It is anticipated that by surfacing this data in the Summary Care Viewer will save time spent obtaining the data and help staff to target referrals more effectively.

**Once the pilots are complete, the intention is to focus on urgent care services for at risk children.**

The vision for this is that NHS staff will be provided access via the Summary Care Viewer to local authority child data when a child presents in an urgent care setting and local authority staff will be given access to view details of appropriate and relevant urgent care events for the children they are responsible for.



## CASE STUDY 2



### Improving integration between primary and secondary care for children, through Paediatric Integrated Clinics (PIC)

Traditionally, children will first see a doctor at their local GP surgery (primary care), who will make a referral to an appointment with a specialist such as a paediatrician, who is usually based in the hospital (secondary care).

Paediatric Integrated Clinics is a new approach which provides joined up care close to home, avoids over-medicalising problems and empowers families. It brings the specialist teams to the local community and improves integration between primary and secondary care in early years.

The approach brings together a multi-disciplinary team, including a paediatrician who triages all GP referrals and requests for advice from the cluster (a group of GPs in a geographical area) of GPs in that community. Paediatric clinics are held in GP surgeries, with joint consultations by the paediatrician with a GP from the GP practices in the cluster. Multi-disciplinary team meetings are also held, with representation from local health visitors and school nursing teams, ensuring that there is input and joined up working across the family, social and educational context. These Multi-disciplinary Teams are open to any cluster GP to join ad-hoc for advice. This joined up working reduces waste and enables getting things right first time.

**The new Paediatric Integrated Clinics approach began in one GP cluster area, and has seen extremely positive results:**

- Halved the demand for new appointments
- Reduced missed appointments (previously 15%, now 6%)
- Reduced waiting list (previously 26-36 weeks, now 8 weeks)
- Estimated return on investment is £2.40 for every £1 spent

The Paediatric Integrated Clinics have also improved the patient experience, with improved ease and equity of access, as patients are not having to travel to hospitals which may be far from their home. This may mean children and families miss less school or work. Consultations in the GP practice are also more relaxed. Professional feedback suggests that clinicians value the much-strengthened relationships, mutual learning and partnership working. Schools and social care have also appreciated easier joint working around particularly vulnerable patients.

The new Paediatric Integrated Clinic approach is being spread and scaled to the whole of Cardiff and the Vale, cluster by cluster.

We want to ensure we're getting services right and explore opportunities to enhance conditions for children to live, grow, play and learn in supportive environments. We all have a responsibility for our children's health and wellbeing and partnership working is only way to achieve this aim.

## What to prioritise?

The Academy of Medical Sciences<sup>15</sup> gave examples of key areas where they believe action could be taken quickly to improve outcomes including:

Childhood vaccinations

Good food and movement

Oral health

Supporting breastfeeding

Investment in these areas early on can pay dividends into improved physical health in adulthood, decreasing the impact and demand on health services. This report therefore dedicates a chapter to each topic. The local data demonstrate the need for urgent action in these areas and demonstrates how working collaboratively produces the best outcomes for babies, young children and their families.

There are many examples of innovative and collaborative approaches to create the conditions for children, young people and families to flourish in Cardiff and the Vale of Glamorgan. Some examples are highlighted in further case studies throughout the report.

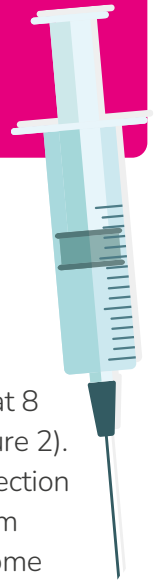
### Recommendation

Explore options for improving intelligence on inequalities in child development and school readiness between population groups, including collaboration if appropriate with Digital Health Care Wales.



# Chapter Two

## Childhood Vaccination



### Why are childhood vaccinations important?

**Vaccines are one of the most successful public health interventions of all times, second only to sanitation and clean water for their impact on saving lives.**

They are the only measure that ever managed to eradicate a human disease so that nobody would have to be affected from it again. The first vaccine, against smallpox, was invented by Edward Jenner in 1796. **It proved so successful that it eventually led to the disappearance of a disease that had killed 300 million people in the 20th century alone.**

Since then a wide range of very effective vaccinations have been developed. The schedule for vaccination in Wales begins at 8 weeks and continues into older age<sup>22</sup> (Figure 2). Today every child in Wales is offered protection from 14 diseases (15 with Chickenpox from January 2025) before they turn 5, but in some cases they are already protected before birth by maternal immunity which, like in the case of vaccines for respiratory syncytial virus or whooping cough, passively covers the newborn while their immune system is still maturing.

#### Road map of vaccinations for babies and children aged 0 to five years

##### At 12 weeks:

- 6-in-1
- Pneumococcal (PCV)
- Rotavirus

##### At 8 weeks:

- 6-in-1
- Men B
- Rotavirus

##### At 16 weeks:

- 6-in-1
- Men B

##### At 12 to 13 months:

- Men B
- Pneumococcal (PCV)
- MMR
- Hib/Men C

##### At 2 and 3 years old and all school aged children on 31 August:

- Influenza (annually from September)

##### At 3 years and 4 months:

- 4-in-1
- MMR

Figure 2. Source: Public Health Wales, 2024. Information about vaccinations for babies and children aged 0 to 5 years.

Vaccines are so effective that they have unfortunately become the victim of their own success. Measles, before the introduction of a vaccine, infected hundreds of thousands of people, killing 100 children every year in the UK alone. While it used to infect 80% of the population in childhood, thanks to vaccination it has now become so uncommon that most people have never met anyone who had it and may grow to believe it has disappeared.

This has allowed complacency to grow among our population, meaning that in the UK in recent years, the percentage of children receiving their recommended vaccinations has steadily declined<sup>23</sup>. Lower rates of vaccination in the population mean there is an increased risk of highly infectious childhood diseases spreading, such as measles. Measles has been controlled, but not eradicated, and it remains one of the most infectious diseases known to humanity. As immunity wanes, so grows the risk of dangerous outbreaks. In Wales recently we had two, one in Cardiff in the winter of 2023 and in Gwent in 2024. Outbreaks in unvaccinated communities can result in lengthy school closures, periods of isolation of up to a month, permanent disabilities and even death.

Vaccination remains one of the most important ways of protecting our own health and well-being and that of others. It is a form of personal, family and social responsibility towards the most vulnerable members of our communities. This includes small children that cannot yet be vaccinated, the frail and the elderly, but also those among us who are undergoing cancer therapy, who have weak immunity or received an organ transplant.

**In Cardiff and Vale most childhood vaccines are given in GP practices, except the nasal flu spray in 4 year olds and older, and the HPV (human papillomavirus) vaccines, which are given in school.**



To reach children who missed their scheduled vaccination or who moved to Cardiff and the Vale recently, the Health Board, in collaboration with partner organisations organises catch-up campaigns. Here those who have missed their scheduled vaccinations are given the opportunity to get up to date. These have often been offered in a range of locations, including schools and at community vaccination centres. Similar campaigns have recently taken place for Measles, Mumps and Rubella vaccines to improve coverage in some schools and communities.

**In April 2024, 81% of 4-year-old children in Cardiff and Vale were up to date with all scheduled vaccines. This is lower than the Welsh average of 85%, and although there was a rise in the last quarter of 2023/24, the overall trend has shown a decline in uptake in recent years which accelerated during the COVID Pandemic. (Figure 3<sup>24</sup>.)**

This is well below the World Health Organisation (WHO) target of 95% of children needing vaccination to achieve protection against e.g measles.

### Cardiff and Vale UHB quarterly COVER trends

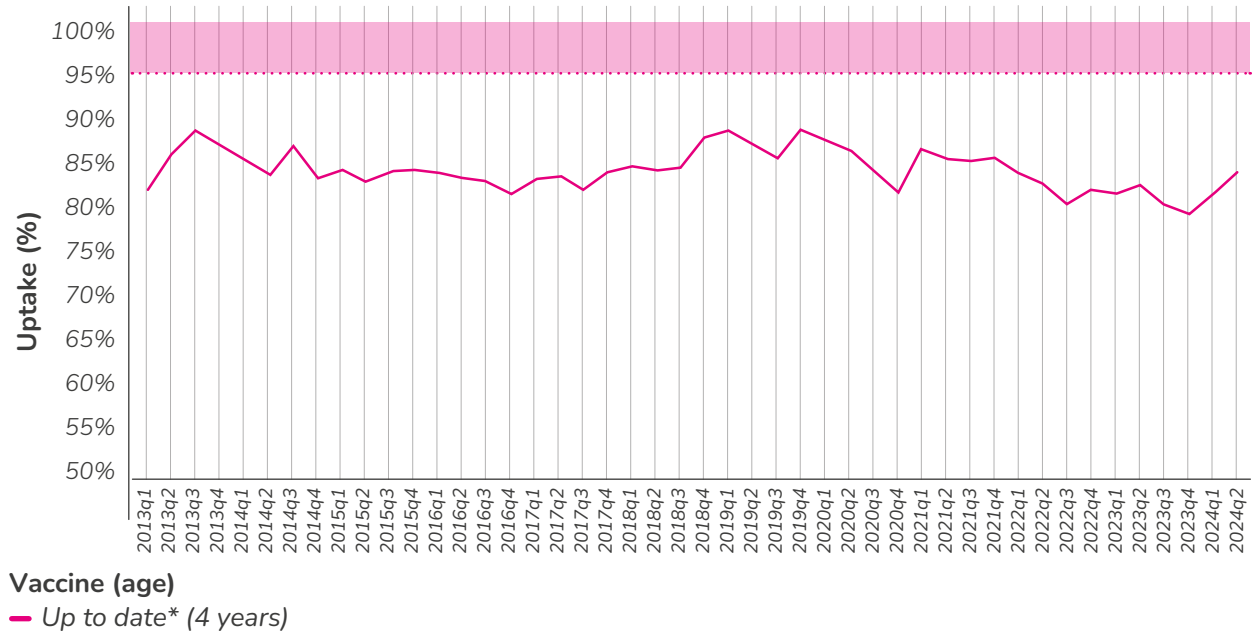


Figure 3. All vaccines up to date at 4 years old, 2013/14 – 2023/24, Cardiff & Vale.

### Vaccine uptake is generally lower in areas of higher deprivation and where there are higher concentrations of ethnic minority communities.

Work is underway, as described in the next section, to explore and address barriers to access or other factors that may affect uptake. Figure 4 shows the unequal distribution of uptake in Cardiff and the Vale and it highlights areas of particularly low uptake in the South-Eastern Neighbourhoods of Cardiff City where deprivation and ethnic diversity is higher<sup>24</sup>.

Figure 4 confirms this inequality by showing the variation in uptake of the first MMR (Measles, Mumps and Rubella) dose by GP cluster level<sup>16</sup>. The target for uptake is 95%, and many areas are below this with some of the Middle Super Output areas (MSOAs) within the clusters as low as 60%.



## Uptake in Cardiff and Vale UHB GP Clusters (Apr 2024-Jun 2024)

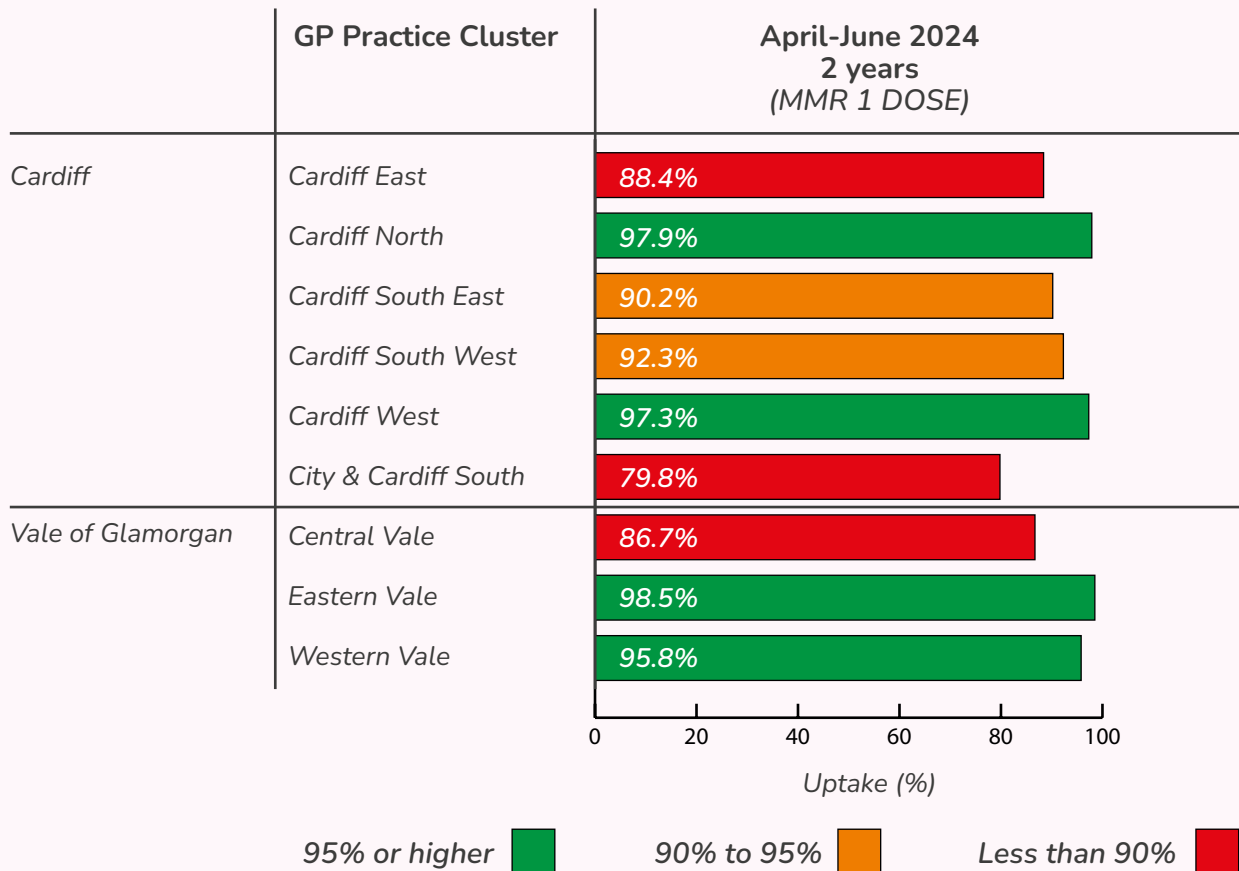


Figure 4. MMR 1 uptake for children turning 2 years old, Apr 2023 - Jun 2024

## Barriers and actions to address them

There are many barriers to and factors affecting uptake of vaccinations in children. A model to explain these was developed by the World Health Organisation (WHO).<sup>25</sup> It divides barriers in three main categories:

**Convenience** if accessing vaccinations is not easy and accessible it can be a barrier.

**Complacency** people might not see the need for vaccinations as they don't know of people in their community with the disease it prevents.

**Confidence** not having the knowledge about why vaccines are important or the confidence to know they are safe.

During our conversations with communities in 2024 about childhood vaccinations, local families shared important insights about their needs and experiences. Our communities emphasised the importance of having reliable, culturally appropriate information available through trusted local networks to help counter misinformation.

Community members highlighted specific concerns about gelatine-containing vaccines and many shared they weren't aware that gelatine-free alternatives existed. The current system of having to specifically request these alternatives and book specific appointments created unnecessary barriers for families wanting to make this choice.

Working together with local communities, we have updated consent forms to clearly explain the gelatine-free vaccine options. Campaign materials have also been developed in partnership with community members to share this information through existing trusted networks and spaces where families already gather and connect.



Figure 5. Source: Example of campaign materials developed, Cardiff and Vale UHB, 2024.

A Childhood Immunisation Action Plan for Cardiff and Vale was developed in 2023, based on the principles of the National Immunisation Programme for Wales and designed to address the '3 C's' by taking a multi-factorial approach. Some examples of action include:

Data informed approaches: tailored support for GP practices where uptake is particularly low has been put into place, including production of a toolkit and templates, and contacting families by trained call handlers to encourage them to take up vaccination.

Community-based vaccination provision: childhood vaccination is being offered at community events, and at mass vaccination centres. MMR vaccine catch-up sessions have been offered at schools across Cardiff and Vale where uptake is less than 90% of pupils.

Leverage support from community leaders: events delivered which engaged leaders in delivering key messages to the community, including an event during Ramadan which saw over 300 people from ethnic minority communities attend to hear about screening and vaccination.

Engage with stakeholders and community representatives to understand needs, and the most appropriate ways to meet needs: 'lunch and learn' sessions with interpreters, supported by the UHB's Multi-cultural Link Workers have provided opportunities for community members to discuss vaccinations and ask questions about them.

Develop and cascade communication and information resources: several new resources have been developed, with several tailored to specific communities such as ethnic minority groups.

## CASE STUDY 3



### Partnership working to increase childhood vaccinations in an area of low uptake.

In 2023/24 the South West Primary Care Cardiff cluster agreed to focus on increasing the uptake of childhood immunisation rates. Two significant pieces of work helped to achieve this: checking records and inviting patients for catch up appointments using multiple communication methods; and holding a community event where vaccinations were offered.

The first project was a three-month quality improvement project, aimed to bring children under 5 years up to date with any vaccinations they may be missing. The initial process involved checking the records to ensure the GP held records aligned with the Child Health records held by the Health Board to establish the baseline of children missing vaccinations. Initial reports identified 267 children under 5 in the cluster missing vaccines, after data cleansing this reduced to 215 children.

**This highlighted the significance of data quality when dealing with vaccination. A 20% discrepancy within the vaccination records is a significant factor that can hinder targeted efforts to vaccinate and hide the true level of immunity in the community.**

GP practices then invited families to bring their children for catch up appointments, using different communication methods including phone calls, letters, texts, reminders through Health Visitors, and holding a drop-in clinic. A campaign promoting childhood immunisation was promoted through social media, GP TV screens, on websites and at community events.

The project was a success, reducing the number of children aged 5 still missing their vaccines from 215 to 120. The South West Cluster have shared their methods and learning with other clusters, as well as the resources (invite letters, FAQ sheets, and communications campaign resources). South West Primary Care Cluster intend to repeat the same process bi-annually.



The community event was a Halloween party which brought the communities together, and also offered the chance for health advice and an opportunity for children to receive vaccinations. **During the event school nurses administered the flu vaccination to 89 children, 22 immunisations were administered, and over 20 patient records checked for accuracy.**

## Recommendations

To improve the level of uptake of childhood vaccinations, we need to:

Provide community-based vaccination opportunities, and make it easier for families to access children's vaccinations conveniently.

Ensure the gelatine-free flu vaccine is available at all vaccination opportunities for our early years (GP, and schools settings).

Work with communities with lower uptake of early childhood vaccinations to support and address vaccine hesitancy using methods such as face-to-face information sessions and tailored communications.

Work more closely with GP practices where uptake is particularly low to provide tailored support aimed at improving uptake.

Engage with and influence the national process of development of a single Welsh Immunisation System (WIS) for all vaccines in order to improve data access, quality and completeness.



# Chapter Three

## Good Food and Movement - Why is it Important?

### Good food and movement in our early years contributes to health, happiness, social, development, and even academic achievement.

Active children are healthy, happy, school ready and sleep better. Being active in the early years helps build relationships and social skills, maintain health and weight, contributes to brain development and learning, improves sleep, develops muscles and bones, and encourages movement and co-ordination.<sup>26</sup>

Children are often active when they play. There are many additional benefits of playing, such as improved self-esteem and learning to manage our emotions through opportunities to express ourselves in a safe way.<sup>27</sup>

A healthy diet in early childhood has many benefits: helping children to grow; prevent against obesity<sup>28</sup>; improve oral health; strengthen immune system; support brain development; and even improve concentration and behaviour which can result in higher academic performance.<sup>29</sup>

The benefits and harms from our early years track into later childhood and adulthood. Children who are living with overweight or obesity at age 4 to 5 years are more likely to still be when they reach the end of primary school and are five times more likely to go on to live with obesity in adulthood.<sup>30</sup> We need to act now to improve the health of our children in Cardiff and the Vale of Glamorgan.



## What affects food and movement in our early years?

The options and opportunities we all have available to us affect how healthy and active we are. Our society is often awash with unhealthy food options, and many neighbourhoods have few opportunities for children to play safely, and be active.

Unhealthy food options are in the spotlight. Aggressive advertising aimed at children and fun promotions in supermarkets cast unhealthy options in a starring role in children's minds. Healthier food options get lost in the background or are pushed entirely offstage. We need to set the stage for health for all children.<sup>31</sup>

What surrounds us shapes us. The streets we live on, parks our children play in, the safety of the spaces where we walk, scoot or cycle all affect how active we are. Our childcare settings also have a big part to play in establishing a life-long enjoyment of moving. We need to focus on creating communities where our children can run and play, walk to school, play outside, and cycle safely, and be active.

All children deserve to be treated fairly and have the same chances to thrive and be healthy, no matter where they live. Many families do not have access to the things children need to be healthy. Unfairness around weight starts early. In a classroom of 30 children aged 4 to 5 years-olds in Cardiff and the Vale of Glamorgan, more children from our disadvantaged communities are categorised as overweight or obese (8 out of 30) as shown in Figure 6, than those in our less disadvantaged communities (5 out of 30).



Unfair differences can also be seen between ethnicities on a Wales wide basis with Asian or Asian British children more likely to be a healthy weight than White or Black, Black British, Caribbean or African children.

**In a class of 30 children aged 4-5, 5 are living with overweight or obesity in our less disadvantaged areas.**

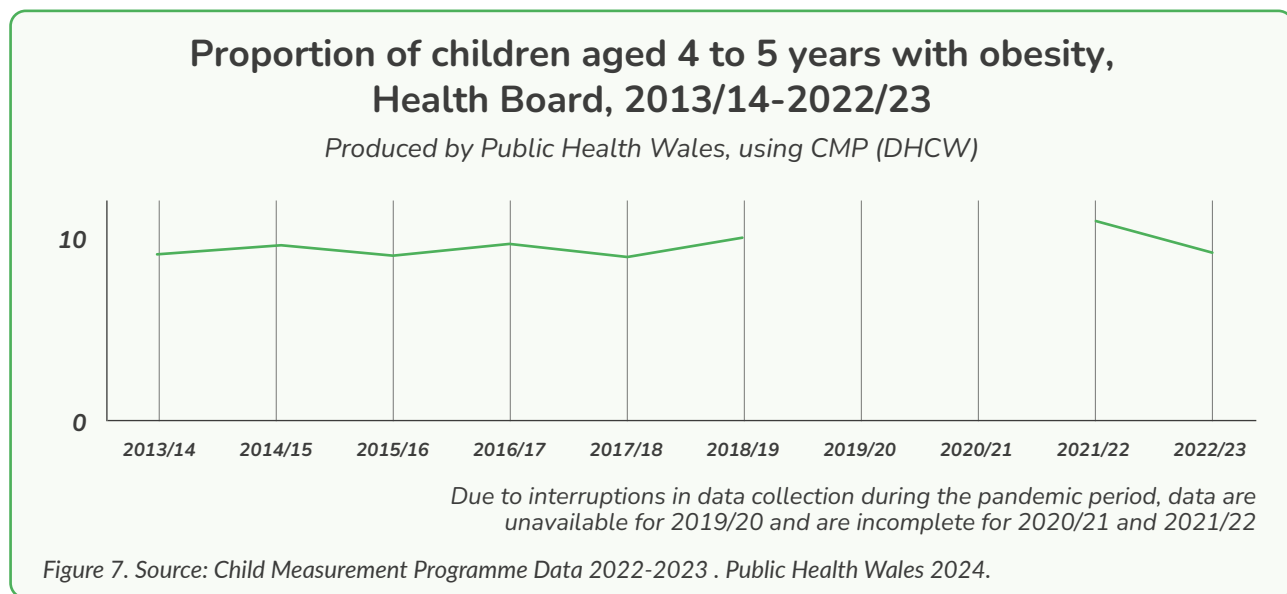


**This rises to 8 in our more disadvantaged areas.**

Figure 6. Source: Child Measurement Programme Data 2022-2023, Public Health Wales, 2024.

**Families are up against a flood of unhealthy food options, and our children don't have enough opportunities to be active and play.** We can improve children's health by improving the flow of affordable, healthy food options and set up our streets and schools so that children can run and play.

We have seen a slight reduction in the proportion of children aged 4 to 5 years with obesity in Cardiff and the Vale of Glamorgan<sup>32</sup> (Figure 7), but there is little room for complacency, as we still have much higher levels than other parts of the UK and amongst countries with similar economic status.<sup>33</sup>



## What can we do?

Child obesity is a national emergency in Cardiff and the Vale of Glamorgan, and the UK, but we can tackle this and help all children to be healthy with concrete steps that are within our reach as a society.

Reductions in population level child obesity levels has been achieved in Amsterdam, where they reduced the prevalence of 2–18-year-olds with overweight or obesity from 21% to 18.7% in a five-year period. The programme aimed to improve children's physical activity, diet and sleep through action in the home, neighbourhood, school and city, working across sectors for multilevel impact.<sup>34</sup>

Locally, we need to make sure that we are driving change across all of the influences (see layers of the onion in Figure 1). Traditional approaches have focused on promoting and modifying individual behaviours, for example to promote healthy diets or physical activity. However, as the responsible factors extend far beyond individual behaviour, change is needed across the layers of influence.

**To make these changes need we can not rely solely on one sector or organisation.**

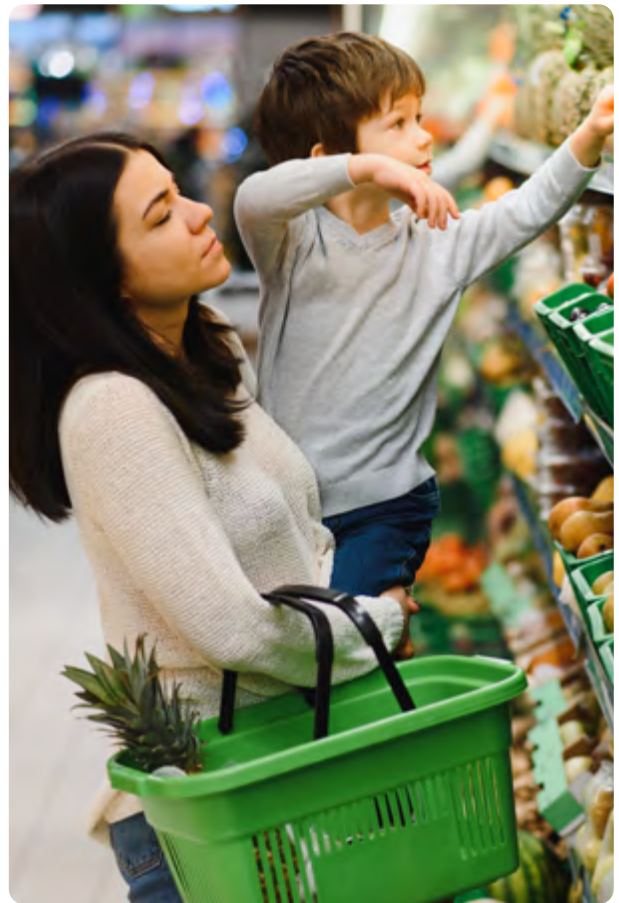
**We need to join together, and it needs to be everyone's business. We are all part of the solution- health, local government, third sector, sport, leisure, private sector, planning, transport, police and more!**

## Current action

The new Good Food and Movement Framework was shaped by a wide range of ideas, perspectives and voices from across Cardiff and the Vale of Glamorgan.

It describes our approach, where we will prioritise our collective efforts, and how we will work together to create change to enable good food and movement in Cardiff and the Vale of Glamorgan over the next six years. The Framework and first Implementation Plan (2024-2026) recognise the importance of early years, and many actions will impact upon or relate specifically to the early years.

There is so much to share beyond the stories and examples in this report. The case studies below are just two examples of local work which are helping to shape our early years settings, and redesign local policies.



## CASE STUDY 4



### Creating conditions for outdoor play in our early year's settings

Playing, learning and having fun outdoors helps improve health, wellbeing and resilience. It also gives children the opportunity to develop a life-long appreciation of the natural world and has a positive impact on educational attainment.

We want to increase outdoor play opportunities for our young children in Cardiff and the Vale of Glamorgan. Many children attend childcare settings, such as childminders, playgroups, nurseries, and school-based nurseries. These settings can enable, support and promote our young children to be active, such as through outdoor play.



**Cardiff Council and Vale of Glamorgan Play Teams, Cardiff and Vale Public Health Team, and Play Wales came together to increase the opportunities for outdoor play within early years settings. The project involved:**

- Play Wales brought a group of early years settings together in a focus group to develop the tools, templates and resources that settings would benefit from to provide and support outdoor play.
- From this, they developed and published an Outdoor Play Toolkit for staff and settings, with practical ideas and tips and policy ideas.
- An online webinar was offered to a range of early years settings to talk them through using the toolkit, enabling staff to create conditions for children to play outdoors.
- The toolkit has been printed and widely shared with early years settings.
- Its use and impact will be evaluated by Sheffield University.

The work was complemented by improved play equipment at sheltered accommodation, and a wider public campaign on 'World Play Day' emphasising the benefits and importance of play and outdoor play.





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## CASE STUDY 5



### Changing advertising policies to promote healthier advertising

Very young children see, understand, and remember advertising<sup>35</sup> and children as young as three can easily identify corporate logos, especially McDonalds, Disney and car brands.<sup>36</sup>

It's not just brand recognition we need to worry about. Advertisements can influence what we buy and what we eat. People who are more aware of adverts that feature foods and drinks that are high in fat, sugar and/or salt (HFSS) consume a greater level of HFSS food and drink products. Children's exposure to HFSS adverts can lead to; strong brand awareness, stronger preferences for HFSS foods and drinks; more snacking and over consumption as well as HFSS food replacing healthier foods. Exposure to HFSS advertising is also unequal across society, with those in our disadvantaged communities more likely to report having seen HFSS advertising. The food and drink sector have huge budgets for marketing and advertising, spending a huge £175 million on Out of Home (OOH) Outdoor advertising in 2021 in the UK<sup>37</sup> (across a variety of mediums).



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The powerful marketing tactics that put unhealthy food centre-stage need to be minimised. Reducing local HFSS advertising and allowing more space for healthier food and drink advertising is one step in the right direction to improving children's health.

**Cardiff and Vale University Health Board, Cardiff Council, and the Vale of Glamorgan Council have come together and committed to reducing the advertising of HFSS food and drinks on their owned and run advertising sites. Some of the work so far has included:**

- Bringing the organisations together to discuss and share challenges and get a better understanding of the push back from commercial advertising agencies.
- Learning from elsewhere. Other Local Authorities from across the UK have successfully developed Healthier Advertising policies and are now restricting HFSS advertising and creating space for healthier advertising. Their policies are based on 'swapping out' HFSS foods and drinks. This means that all Food and Drink companies can

still advertise, but that adverts need to feature healthy foods and drinks. Transport for London recently evaluated the impact of the introduction of Healthier Advertising Policy across the network, which showed an association between the implementation of restrictions, and the reductions in average household weekly purchases of energy, sugar, and fat from HFSS food and drink products. This is estimated to be around 1,000 fewer calories in average weekly household purchases of energy from HFSS food and drink products.

- Understanding our advertising landscape. We have been mapping and monitoring HFSS advertising on bus stops across Cardiff and Vale.
- Describing the problem. [This is one street in Cardiff city centre](#). We asked children in a local primary school to react to what they see. It is a powerful visual of the problem.



Scan the QR code to watch the video



- Understanding what the public think about food and drink advertising in their community, and what the effects of reducing it may be. The PHIRST evaluation team will evaluate our local work in Cardiff and Vale. The results will be used to help inform our local policies.

**Next steps will be to develop policies to help restrict the advertising of unhealthy food and drink, creating more space for healthier advertising, and improving children's health.**

There is lots of excellent local action, ranging from services and schemes which support and enable children and families to enjoy good food and movement, to changes at the environment and policy level. Some are mentioned below, to give a flavour of the breadth, but it is by no means exhaustive.

At an individual and social level, health visitors play a key role in supporting families enjoy good food and movement. They offer advice and support on healthy weaning, introduction to solids sessions, breastfeeding advice and support groups, and assessment and advice on child development and physical literacy. Flying Start teams provide extra help and support for parents in specific communities on a range of issues, such as feeding, weaning, sleep routines, and more.

Services such as NYLO (Nutrition for Your Little One) support families with children under 5 in Cardiff and the Vale of Glamorgan to build confidence in providing a healthy balanced diet alongside the promotion of active play. AFAL (Active Families, Active Lives) supports children and young people aged 2-18 years to manage their health and weight. PIPYN (Pwysau Iach Plant Yng Nhymlu) supports families with children aged 3-7 years from minority ethnic communities in south Cardiff. Community cookery courses and nutrition information courses also provide community members with confidence, knowledge and skills to cook affordable and healthy food. Play Teams develop and deliver play opportunities for children and young people, including younger children provision, such as pre-school family sessions.

**There is a lot of support to our early years settings to ensure they offer the children in their care the best start in life.**

The Healthy and Sustainable Pre-school Scheme is a national accreditation scheme for pre-school settings, supporting settings to embed health and wellbeing within its day to day life, working on a range of topics including physical activity and play, nutrition and oral health. A range of training opportunities are delivered to the early years workforce by many partners, such as nutrition training, physical literacy, play and many more. The Gold Standard Healthy Snack Award recognises childcare settings providing healthy snacks and drinks in a safe and happy eating environment.

Many teams and organisations are involved in creating physical environments which enable children to be active, ranging from putting play cubes in community spaces, improving play equipment, closing streets for play, developing inclusive and safe playgrounds and improving walking and cycling infrastructure.

## Recommendations

Review local strategic plans and policies to identify opportunities to maximise support for good food and movement, for example, strengthening strategic policies within the Local Development Plan (LDP).

Develop a shared understanding of current resource and training available and explore the opportunities and challenges for the early years workforce to; have healthy conversations, promote food related benefits and embed play and physical literacy.

Collaborate with communities and partners to identify and improve public spaces for play in targeted areas.

Undertake insight work to develop a public campaign on the importance of outdoor play.

Advocate for 'Healthy Start' vouchers to be automatically provided, rather than having to apply for this.



# Chapter Four

## Oral Health

### The importance of oral health in the early years

A child's mouth is of huge importance to their early development. It supports nutrition, speech and language development, and social interaction. Even though primary (baby) teeth are naturally lost as a child grows, the health of these teeth is important. They help a child to consume a varied diet, allow them to smile with confidence, and make space for, and guide, permanent (adult) teeth.

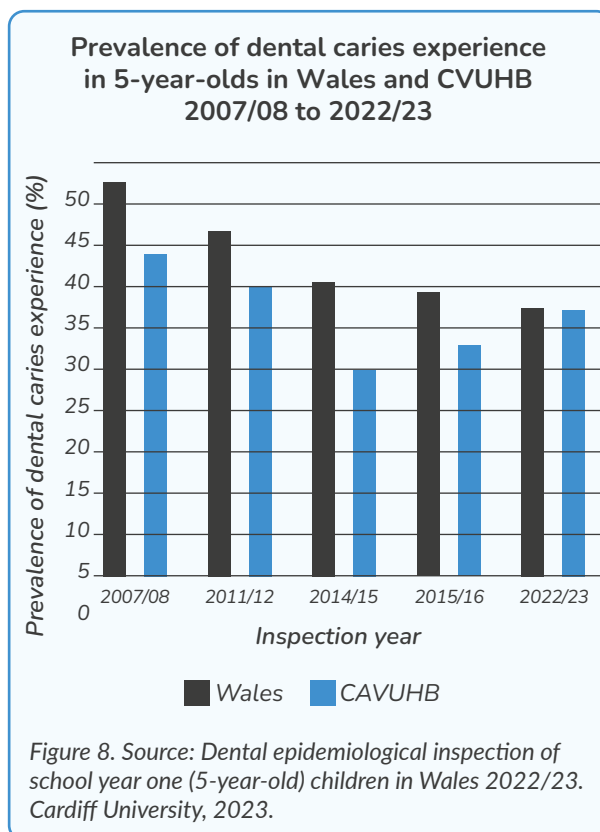
Dental caries (tooth decay) occurs when sugars from food and drink interact with bacteria in tooth plaque. This produces acid, which causes cavities to form in teeth. The two main behaviours associated with dental caries in young children is having a diet high in free sugar and poor oral hygiene.

In the short term, untreated dental caries can lead to pain and infection. Longer term, it is linked with poor oral health in later life and negative effects on physical and emotional development.

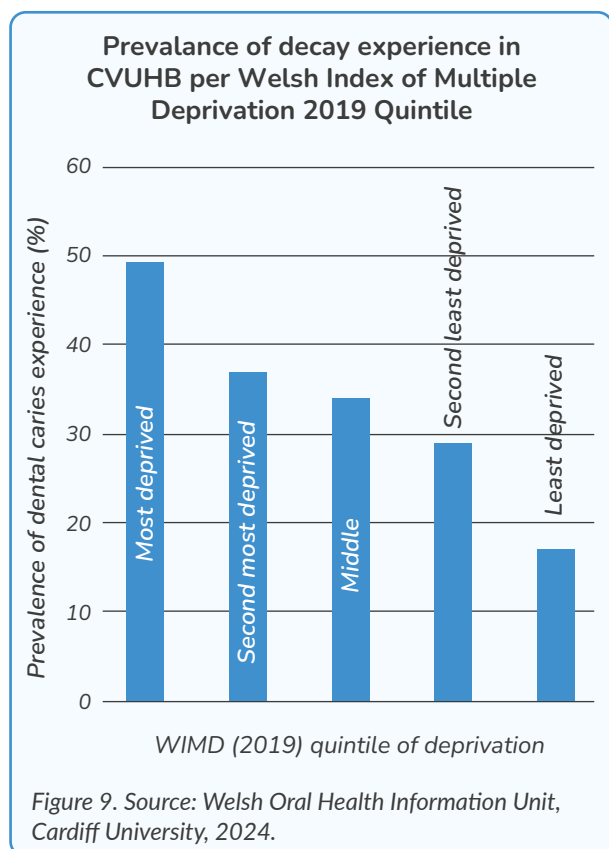
The extraction of decayed teeth is the most common reason for hospital admissions in young children. Dental caries in young children are often difficult to treat. The children are too young to safely co-operate with standard dental treatment in a general dental practice setting. As a result, many will need to be treated in specialist settings and treatment may need to be conducted under general anaesthesia.



The proportion of children with dental caries in the UK has fallen in recent decades. In Cardiff and Vale in 2007/08 in a class of 30 five-year-old children, 12 had dental caries. By 2022/23 this had fallen to 10 out of 30 (Figure 8).<sup>38</sup>



However, whilst fewer children have dental caries, the severity of untreated dental caries amongst affected children has increased in the Cardiff and Vale area since 2007/08<sup>38</sup>. Since dental caries is a condition that affects the more disadvantaged groups in our society more greatly, dental decay is increasingly becoming a disease of deprivation. (Figure 9).<sup>39</sup>



The impact of poor oral health is felt by the child and their family members.

**In Cardiff and Vale, 1 in 3 families who have a child affected by dental caries report that it has negatively affected their quality of life.**

## Dental Service Access by 0-5 year-old children

Most dental patients are seen in the General Dental Services (GDS), also known as high street dental practices. In addition to the GDS, the Health Board's Community Dental Service and Cardiff Dental Hospital also provide dental care to children living in the Health Board area. Due to the impact of the pandemic and other factors, a smaller percentage of children can access dental care now compared to the pre-pandemic period.

The National Institute for Health and Care Excellence (NICE) guidance<sup>40</sup> recommends that children are recalled for check-ups (assessment) at intervals of 3 months to 12 months depending on the child's oral health status. Only 35% of 0-5 year old children were able to access dental care in 12 months prior to March 2024 (Table 1).<sup>41</sup> Most of the children who accessed dental care were from the least deprived quintiles (Figure 10).<sup>41</sup> This figure includes those who only accessed urgent dental care in that period.

Age Group (year)	Mid-year 2023 population estimates	Number of 0-5 year old children seen in 12 months in 2023/24	% of the population seen
0	4693	146	3%
1	5183	1117	22%
2	5059	2022	40%
3	5275	2237	42%
4	5411	2431	45%
5	5543	2933	53%
<b>0-5 yr old children total</b>	<b>31164</b>	<b>10886</b>	<b>35%</b>

Table 1. Percentage of 0-5 year old children seen in primary dental care is low.

Out of those 0-5 year old children who were seen in Primary Dental Care in 2023/24, the majority were from the least deprived areas

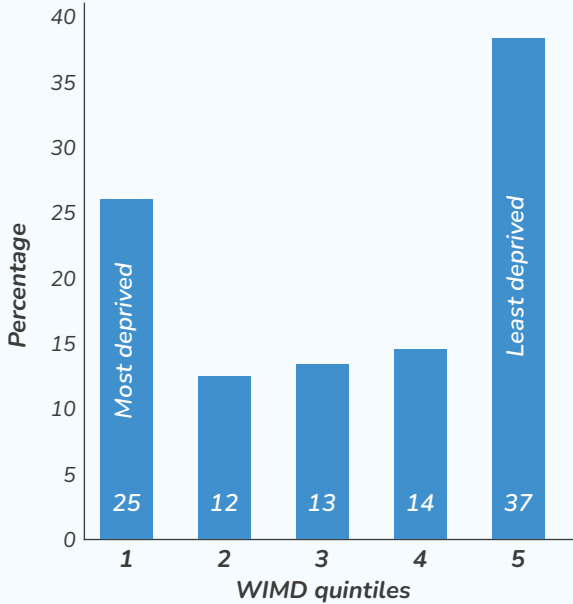


Figure 10. Source: Welsh Oral Health Information Unit, Cardiff University, 2024.

In Cardiff and the Vale over the course of a year (2022/23), 1379 children were referred to hospital (2022/23)<sup>42</sup> and community dental services for management of tooth decay. Many of these children need multiple teeth extracted under general anaesthesia.

## Current actions to improve oral health

[Designed to Smile \(D2S\)](#) is a targeted, evidence based national programme to improve the oral health of children living in deprived areas in Wales. The case study for this chapter gives further details of this programme.

## Children are now prioritised for dental access

The Health Board holds a ‘waiting list’ of people living in Cardiff and Vale of Glamorgan who want to access regular dental care. Currently Health Board prioritises children over adults for dental check-ups. care. An [Electronic Dental Access Portal \(DAP\)](#) is being developed by the Digital Health and Care Wales team which is being implemented in Quarter 3 of 2024/25. Health Board’s ‘centralised waiting list’ will be transferred to the DAP.

As a part of the Welsh Government’s dental reform programme in Wales, there is intention to include delivery of prevention through the dental practice setting, improve access through greater use of skill mix and to ensure limited capacity of dental access is based on need.

## Monitoring of dental health of 5-year-old children

Tooth decay is included in the Public Health Outcomes Framework (PHOF). The Dental Epidemiology Programme in Wales includes a plan for regular dental inspection of school year 1 children in Wales that provides oral health trends. The Health Board’s Community Dental Service collects data from randomly selected primary schools in the Health Board area which provides picture of dental health of 5-year-olds in the Health Board.

## CASE STUDY 6



### Designed to Smile – preventative oral health care in education settings

[Designed to Smile \(D2S\)](#) is a national preventative programme which aims to improve the oral health of children in Wales. It's delivered by the Community Dental Services in partnership with education and childcare settings and early years health professionals.

In areas of higher need, nurseries and primary schools are offered support from the Designed to Smile team to run a supervised toothbrushing programme. In the 2023-24 academic year, 73% (127 out of 174) of eligible settings participated, with 5,273 young children aged 2-5 years old (nursery to reception age) taking part.<sup>43</sup>

Trained staff also visit eligible schools across Cardiff and the Vale twice a year to apply fluoride varnish to children's teeth. This year, 94% (77/84) of eligible settings participated, with 3,006 young children aged 3-5 years old receiving the varnish (nursery and reception-age). Where signs of decay are noted when giving fluoride varnish, a card is sent home to the parent or guardian recommending they access dental care. For those who are not registered with a dental practice, an email address is provided to join the centralised waiting list for an NHS dentist. Key oral health messages are also included around toothbrushing and healthier eating.

### The Designed to Smile programme also includes:

- Giving training cups and toothbrushing home packs to children. 14,257 children in Cardiff and Vale were estimated to have received a pack from their nursery and school this year<sup>43</sup>.
- Resources such as lesson plans for teachers to introduce information on oral health and healthy eating to children.
- Oral health training for relevant staff such as health visitors and midwives ensuring consistent key messages and signposting for oral health and dental care. The training includes Lift the Lip, a way for parents or guardians to check their children's teeth in the presence of a health professional to check for early signs of tooth decay.
- Providing oral health information and activities and distribute toothbrushing packs to the children at the Food and Fun School Holiday Enrichment sessions during the summer holidays.

Further information is available on [D2S Annual Monitoring Reports](#).

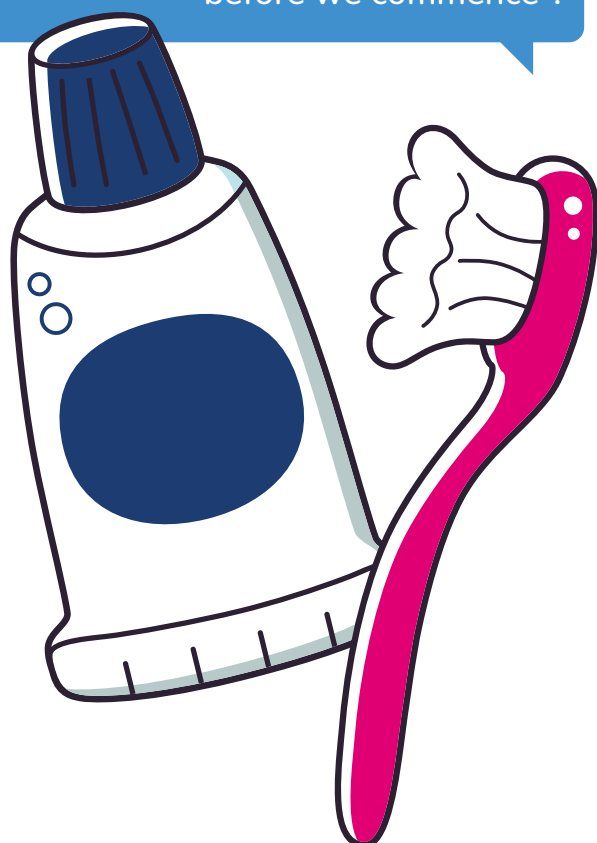


A Bright Start Nursery who are participating in the scheme said:

“When new parents/child start at the setting we discuss with them about the ‘Design to Smile’ scheme and provide them with a leaflet about the scheme. Design to Smile also attend the setting every few months to provide advice and answer any questions we may have, and to replenish any required equipment, toothbrushes, toothpaste needed”.



“The children are happy to be involved. At tooth brushing time we bring out the toothbrush train, the children recognise their names and are given their toothbrushes, before we commence”.



This chapter has shown that whilst there are areas of action around improving support for young children's oral health, more could be done to prevent dental caries in young children, particularly in those groups who are more likely to experience worse oral health. Designed to Smile has good uptake but there are still eligible settings which aren't participating, meaning children there aren't getting the benefits of supervised brushing or fluoride varnishing. As these settings are eligible due to being in areas of higher need, the reasons for refusal by the primary schools and nurseries should be explored so there is a better understanding of the barriers for participating and overcoming these.

Oral health is closely linked with higher intake of sugary foods and drinks. In the Good Food and Movement chapter, the role of the wider environment is explored and the case study around healthier food advertising shows the influence of our surroundings shaping our choices. A healthier food environment will support our children to have better oral health.

Accessing preventive dental care before treatment is required should be prioritised. The numbers of children experiencing dental caries is very high. Preventive dental care (not just reactive) pathways should be created between dental services and health and social care teams. The Designed to Smile team and other health professionals that come in contact with 0-5 year old children should be able to refer children for timely dental assessment and preventive care. To achieve this, capacity within primary care dental services will need to be created for this so that referral of children to hospital and specialist dental service can be reduced. One way of creating some capacity in dental services is by investing in dental therapists and nurse workforce.

Almost all children 0-5 year old children can be seen and treated by dental therapist and nurse team within the Health Board's salaried or community dental service and high street dental practices (general dental service).

A better understanding and regular monitoring of how young children are accessing dental services is needed to inform improvement plans. The Primary care team in the Health Board should work with the system partners, especially Welsh Government and NHS Business Services Authority, so that dental services access data for children is regularly analysed by smaller age groups and deprivation. Another key area for improving uptake of preventive dental services and oral health care is to understand the 'lived experience' of children and parents. The 'voice' of families to inform local oral health plans and programmes will provide insight into how best to make progress in improving oral health of young children.

## Recommendations

Explore reasons for eligible primary schools and nurseries for not participating in the Designed to Smile programme.

Explore how to create more capacity within primary care for proactive co-ordinated preventive dental care for children.

Monitor the dental service access rate and inequity in access for children including 0-5 year old children.

Understand the experiences of families on challenges to accessing regular preventive dental care.

# Chapter Five

## Breastfeeding

### Creating the conditions to support breastfeeding in Cardiff and the Vale of Glamorgan.

Success in breastfeeding is not the sole responsibility of a woman – the promotion of breastfeeding is a collective societal responsibility.<sup>44</sup>

#### Why is breastfeeding important?

There are benefits to both parent and baby of breastfeeding. These last into adulthood. Breastfeeding gives complete nutrition to a baby and provides early protection against diarrhoea and respiratory infections, reduces the risk of hospitalisation and protects against middle ear infections in under two's.<sup>45</sup>

**It promotes healthy brain development and in later life it reduces the risk of obesity and chronic diseases and abnormal alignment of teeth.<sup>45</sup> In mothers, breastfeeding lowers the risk of breast cancer, ovarian cancer, cardiovascular disease and type 2 diabetes.<sup>46</sup>**



Breastfeeding also supports relationship building between mothers and babies and increases Intelligence Quotient (IQ) in babies and school achievement levels. This can increase adult earning potential, helping babies have the best chances of a healthy productive life well into their later years<sup>47</sup>. Because of its strong positive effect, it is a highly cost-effective area of public health focus with a moderate increase in breastfeeding rates modelled at saving over £17million a year for the UK.<sup>48</sup>

Families face various pressures when making infant feeding decisions, including the rising cost of living and food prices. While breastfeeding can help reduce household costs, we recognise that infant feeding choices are complex and personal. For families using formula, support is available through schemes like Healthy Start, which provides vouchers towards essential foods, which includes formula milk. However, we understand that current voucher values may not fully meet families' needs given rising costs.

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The World Health Organisation recommends exclusive breastfeeding for the first 6 months of life with continued breastfeeding up till 2 years with foods introduced from 6 months<sup>49</sup>. Across Wales there are significant variations in breastfeeding initiation and length of feeding which contributes to health inequity across our population.

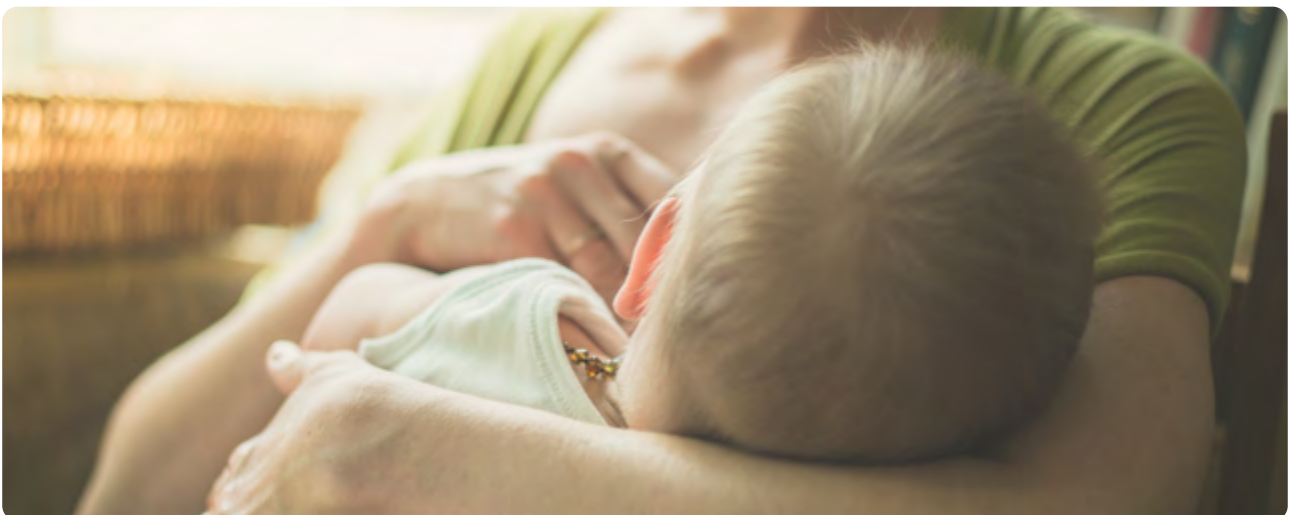
## How to create supportive environments for breastfeeding?

As with other topics in this report, the influences for breastfeeding are complex and cannot be tackled on one level alone. The Academy of Medical Sciences highlight that there are a number of structural barriers to increasing rates including “gender inequities, a lack of consistent quality care in the healthcare environment, adverse social infant feeding norms and embedded inequalities, and poor accommodation of women’s reproductive rights in the labour market.”<sup>15</sup>

Creating environments that support breastfeeding requires understanding how policies, culture, communities, and individual experiences interconnect, and recognising that sustainable change starts with structural foundations that enable and empower communities and individuals.

For example, barriers such as maternity benefits for working women and workplaces not having policies or facilities to support breastfeeding women to continue to breastfeed upon return to work impact on breastfeeding initiation and continuation.<sup>46</sup>

Strong policy, supportive organisations, communities and families are essential building blocks for breastfeeding. At the policy level, a number of factors are important: breastfeeding rights should be protected; parental leave is necessary; investment is needed in community services and robust regulation of formula marketing must be implemented. These policies come alive through our diverse communities, where local attitudes shape acceptance, peer networks offer crucial support, and accessible services meet families where they live. Organisations then translate these policies into practical support, from baby-friendly healthcare settings to workplace facilities for expressing milk, and from welcoming community venues to early years settings that champion infant feeding choices. This interconnected system ensures that strategic vision translates into real-world support for families.

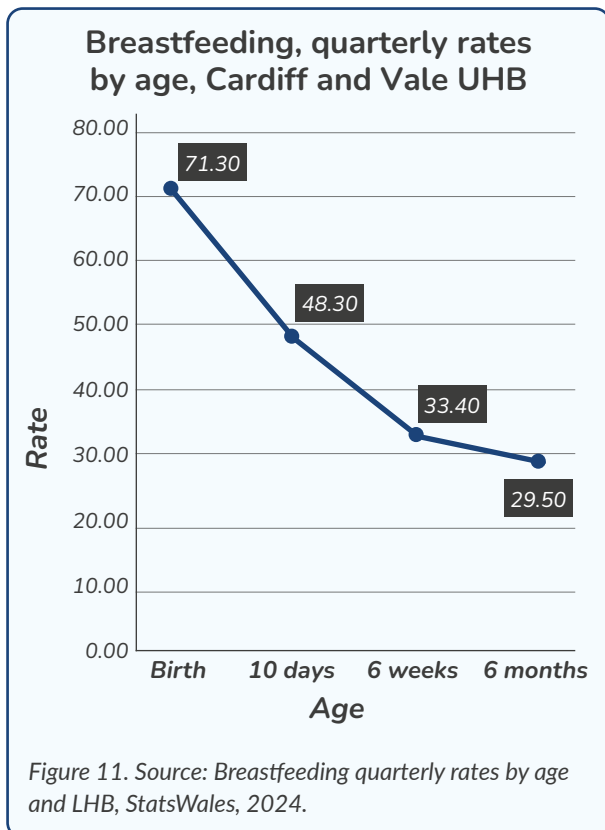


## Local Picture

The All Wales Breastfeeding Action Plan has a goal of 'More babies in Wales will be breast-fed, and for longer, and the current inequalities in breastfeeding rates between groups will be reduced'<sup>50</sup>.

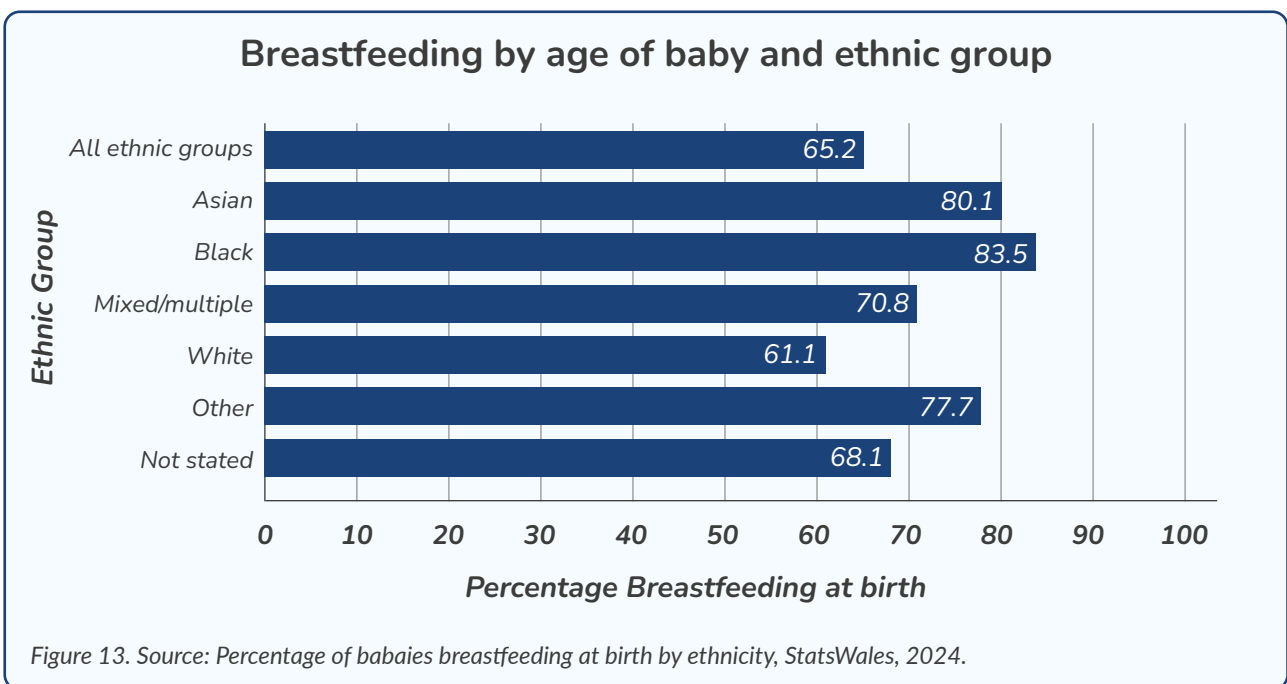
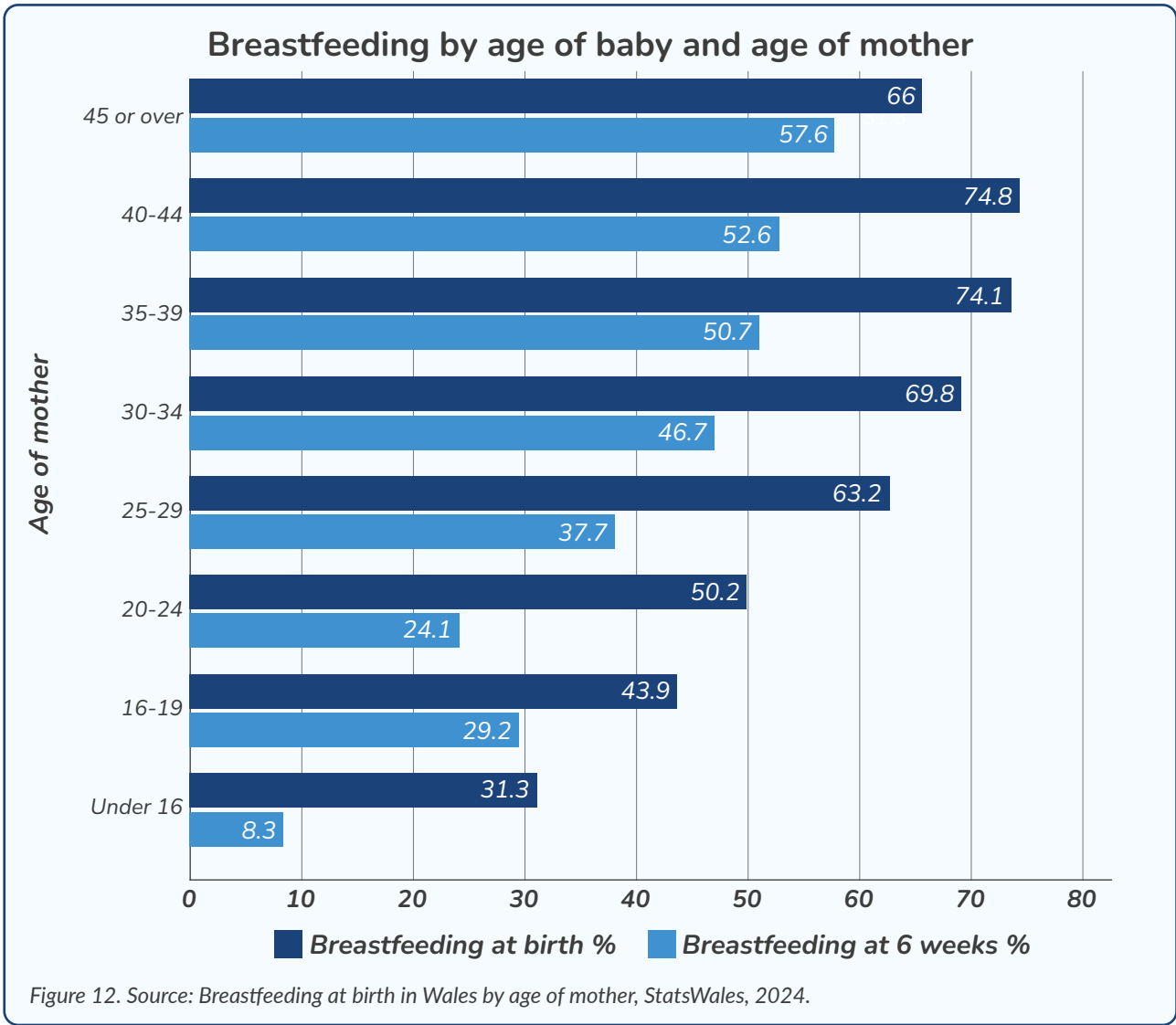
It aims to create settings and environments with an inclusive and positive ethos towards breastfeeding including workplaces. Action 6 of the All Wales Breastfeeding Action Plan states "Each health board will provide a coordinated support model which is inclusive of health professionals, peer supporters, professional education and community led services".<sup>50</sup>

In Cardiff and Vale 71% of babies were recorded as being exclusively breastfed at birth dropping to 33% at 6 weeks then to 30% at 6 months in the quarter January – March 2024 (Figure 11).<sup>5</sup> Despite continued work to promote and support breastfeeding in Cardiff and the Vale of Glamorgan, these inequities have persisted.



Research into the likelihood of initiating and continuing breastfeeding shows strong links to: the age of the mother; if the mother is living in a deprived area; and ethnicity. These differences having the potential to widen health inequalities.<sup>51,52</sup> This is reflected in the picture across Wales with younger mothers aged 16-19 years much less likely to breastfeed at birth than mothers in their thirties (Figure 12).<sup>5</sup> Babies from Black or Asian backgrounds are around 20% more likely to be breastfed at birth than those from White backgrounds (Figure 13).<sup>5</sup> A strong correlation between living in areas of deprivation and initiation of breastfeeding can also be seen across Wales (Figure 14).<sup>5</sup> The intention to breastfeed is linked to the number of times mothers had previously given birth. Across Wales the more times you've given birth, the less likely mothers are to intend to breastfeed dropping from 70% for first-time mothers to 56% of mothers who had given birth multiple times.





### Any breastfeeding at birth by Multiple Deprivation quintile

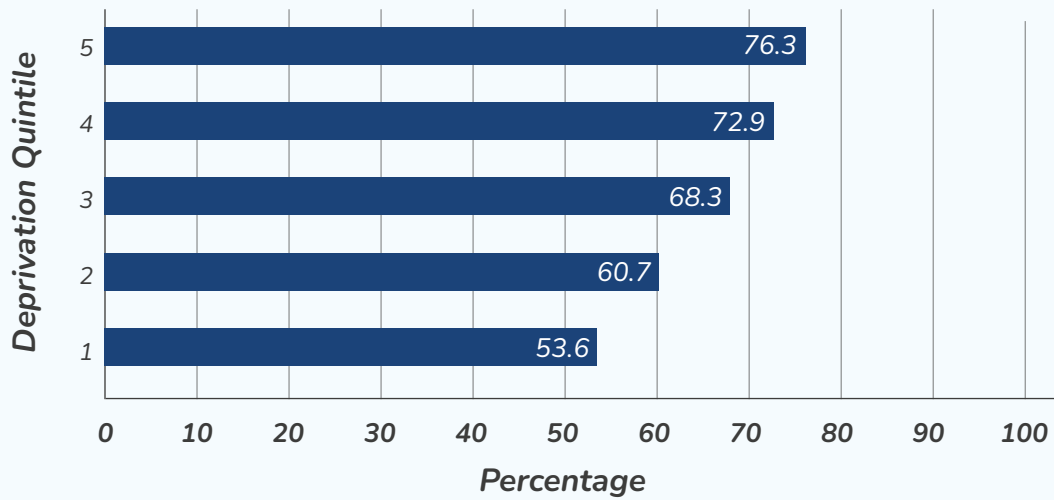


Figure 14. Source: Any breastfeeding at birth by Multiple Deprivation quintal Percentage, StatsWales, 2024.



**£17 million a year**

Savings for the UK modelled on a moderate increase in breastfeeding<sup>48</sup>

**£44 - £88 per month**

Cost of feeding a 10 week old baby branded infant formula in 2023<sup>53</sup>



Average monthly attendance at breastfeeding support groups in Cardiff and Vale  
(Sept 2023 – Aug 2024)

Average referrals per month to Infant Feeding Team  
(Sept 2023 – Aug 2024)



## What are we doing?

### Ante-natal Support

The Cardiff and Vale Maternity Services run on-line breastfeeding workshops that any pregnant mother can attend. The Vale Flying Start Maternity Team also provide a face to face breastfeeding workshop that is open to all pregnant mothers across Cardiff and Vale.

Pregnant Women who live in a Flying Start area of Cardiff and Vale can receive two antenatal home visits by their health visitor and community nursery nurse, this enables the conversations regarding infant feeding to begin early.

### Post-natal Support

#### Maternity

The Maternity Service’s Seren Team runs three specialist breastfeeding clinics a week for babies up to 28 days old. They also provide breastfeeding support at home. There are a number of Breastfeeding Network volunteer “Helpers” that work in collaboration with health care professionals within the maternity unit providing early postnatal support to breastfeeding mothers.

## Health Visiting

Breastfeeding mothers are welcome to attend any one of our three breastfeeding support groups in Cardiff and Vale. A breastfeeding support group is a collaborative environment where mothers and partners can share experiences and provide mutual support and encouragement. Groups organised by the Health Visiting Service are led by trained community staff nurses and community nursery nurses. Women requiring infant feeding specialist support will be referred to the Infant Specialist Feeding Team which runs a weekly clinic and offers home visits.

## Peer Support

Cardiff and Vale have two Peer Support Groups that are run by The Breastfeeding Network "Helpers". When available the Helpers will support the health visiting run groups alongside the health professionals attending the groups.

## Specialist Support

Support for people with complex issues is provided by a Specialist Midwife based in the Cardiff and Vale Health Inclusion Service (CAVHIS) who provide appropriate and culturally sensitive care. Care is planned through the use of interpreting services throughout antenatal, birth and postnatal period, to provide safe and effective care to women.

## CASE STUDY 7



### Understanding cultural norms and ideologies on breastfeeding

To understand the influences for mothers in Cardiff and the Vale around breastfeeding, a new piece of research was commissioned for this report. The research used a mixed method approach used an e-survey and interviews to explore the barriers and facilitators to breastfeeding experienced by local mothers and potential recommendations for future practice. **A summary is presented below and the full report is available [here](#).**

**33 people completed the survey.**  
**Of these respondents:**

**45%** had breastfed before

**82%** indicated that they had planned to breastfeed

**12%** women planned to combination feed

**3%** woman planned to use formula or had no plan.

**In response to a question which asked if they were currently breastfeeding their baby:**

**3%** had not breastfed at all

**12%** were combination feeding

**64%** were exclusively breastfeeding

**21%** had breastfed but stopped.

## People told us:

The enablers to breastfeeding were health benefits to baby, cost, and convenience.

I knew the health benefits for both of us and also the importance of bonding

Don't need to pack bottles and can feed on the go

[Breastfeeding] support group so vital to my [breastfeeding] journey

Had loads of support once I asked for it. But felt like I had to ask for the support.

The main challenges were around how mothers access information, for example support groups and the perception of what the support groups are.

They told me about this [support group] but I didn't feel like I needed the support like that... I didn't realise it was kind of like this where you can just have a coffee and stuff

People told us that social media platforms had been helpful and should perhaps be considered when signposting to services.

Responses provided in this study have also highlighted the greater need for emotional support for those that did not have a natural birth (e.g. c-section) or experienced other complications.

When unwell with sepsis I was admitted as an emergency to [the hospital] - there was no consideration of how to manage my exclusively breastfed baby.

The largest percentage of people not breastfeeding are a younger demographic (under 19 years old). Further work focussing on ascertaining the views and lived experience of these mothers would be beneficial.

### Recommendations from the breastfeeding research

Provide information to those who are pregnant earlier on breastfeeding, its benefits and the available support using social media channels where information is often sought

Increase opportunities to provide proactive support to breastfeeding mothers including those who may struggle with breastfeeding due to circumstances such as additional medical needs

Further research with more mothers especially those that are less likely to breastfeed to include social and family influences and support networks.

# Chapter Six

## Summary and Recommendations in Full

### Giving children the best start in life in Cardiff and Vale

This report has described the state of health in the early years in Cardiff and Vale – highlighting what is working well, as well as what gaps and inequalities we know we need to address to give children the best start in life in the area.

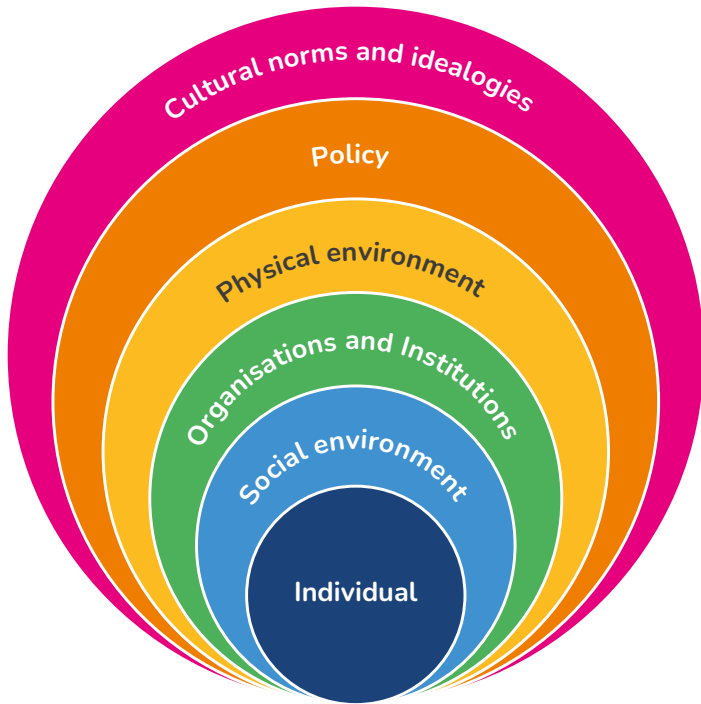
My recommendations, to colleagues and partners in the NHS, local authorities, third sector and wider, set out practical steps that we could take to act on our ambitions to improve the health and wellbeing of children.

As you read this, I would ask you to consider what you could do, individually, in your team or service, or in your family or community, recognising success will require action in all places and at all levels.

We look forward to working with you in discussing and acting upon these recommendations and to working towards giving children and young people the start in life they need and deserve.



# Recommendations



## General

Explore options for improving intelligence on inequalities in child development and school readiness between population groups, including collaboration if appropriate with Digital Health Care Wales.

**Owner:** Cardiff and Vale Public Health Team, Education, Health visiting and paediatric colleagues

**Layer:** Organisations and Institutions

## Vaccinations

Provide community-based vaccination opportunities, to make it easier for families to access children’s vaccinations conveniently.

**Owner:** Cardiff and Vale University Health Board

**Layer:** Organisations and Institutions

Ensure the gelatine-free flu vaccine is equally available at all vaccination opportunities for our early years (GP, and schools settings).

**Owner:** Cardiff and Vale University Health Board

**Layer:** Policy

Work with communities with lower uptake of early childhood vaccinations to support and address vaccine hesitancy using methods such as face-to-face information sessions and tailored communications

**Owner:** Cardiff and Vale University Health Board together with partner organisations and communities

**Layer:** Cultural norms

Engage with and influence the national process of development of a single Welsh Immunisation System (WIS) for all vaccines in order to improve data access, quality and completeness.

**Owner:** Cardiff and Vale University Health Board

**Layer:** Organisations and Institutions

Work more closely with GP practices where uptake is particularly low to provide tailored support aimed at improving uptake

**Owner:** Cardiff and Vale University Health Board

**Layer:** Organisations and Institutions

## Good Food and Movement

Review local strategic plans and policies to identify opportunities to maximise support for good food and movement, for example, strengthening strategic policies within the Local Development Plan (LDP).  
**Owner: Good Food and Movement Leadership and Enabling Change Group**  
**Layer: Policy**

Develop a shared understanding of current resource and training available and explore the opportunities and challenges for the early years workforce to; have healthy conversations, promote food related benefits and embed play and physical literacy.  
**Owner: Cardiff and Vale Public Health Team, together with a wide range of partners**  
**Layer: Organisations and Institutions**

Collaborate with communities and partners to identify and improve public spaces for play in targeted areas.  
**Owner: Cardiff and Vale Public Health Team with Public Health Dietetics and PIPYN Reference Group**  
**Layer: Physical environment**

Undertake insight work to develop a public campaign on the importance of outdoor play  
**Owner: Cardiff and Vale Public Health Team with partners including Play Wales and play teams**  
**Layer: Cultural norms**

Advocate for 'Healthy Start' vouchers to be automatically provided, rather than having to apply for this.  
**Owner: Cardiff and Vale Public Health Team**  
**Layer: Policy**

## Oral Health

Explore reasons for eligible primary schools and nurseries for not participating in the Designed to Smile programme.  
**Owner: Cardiff and Vale University Health Board**  
**Layer: Organisations and Institutions**

Explore how to create more capacity within primary care for proactive co-ordinated preventive dental care for children.  
**Owner: Cardiff and Vale University Health Board**  
**Layer: Organisations and Institutions**

Monitor the dental service access rate and inequity in access for children including 0-5 year old children.  
**Owner: Cardiff and Vale University Health Board**  
**Layer: Organisations and Institutions**

Understand the experiences of families on challenges to accessing regular preventive dental care  
**Owner: Cardiff and Vale University Health Board**  
**Layer: Individual**

## Breastfeeding

Provide information to those who are pregnant earlier on breastfeeding, its benefits and the available support using social media channels where information is often sought

**Owner: Cardiff and Vale University Health Board Wales and play teams**

**Layer: Individual**

Further research with more mothers especially those that are less likely to breastfeed to include social and family influences and support networks.

**Owner: Cardiff and Vale Public Health Team**

**Layer: Social environment**

Increase opportunities to provide proactive support to breastfeeding mothers including those who may struggle with breastfeeding due to circumstances such as additional medical needs

**Owner: Cardiff and Vale University Health Board**

**Layer: Organisations and Institutions**

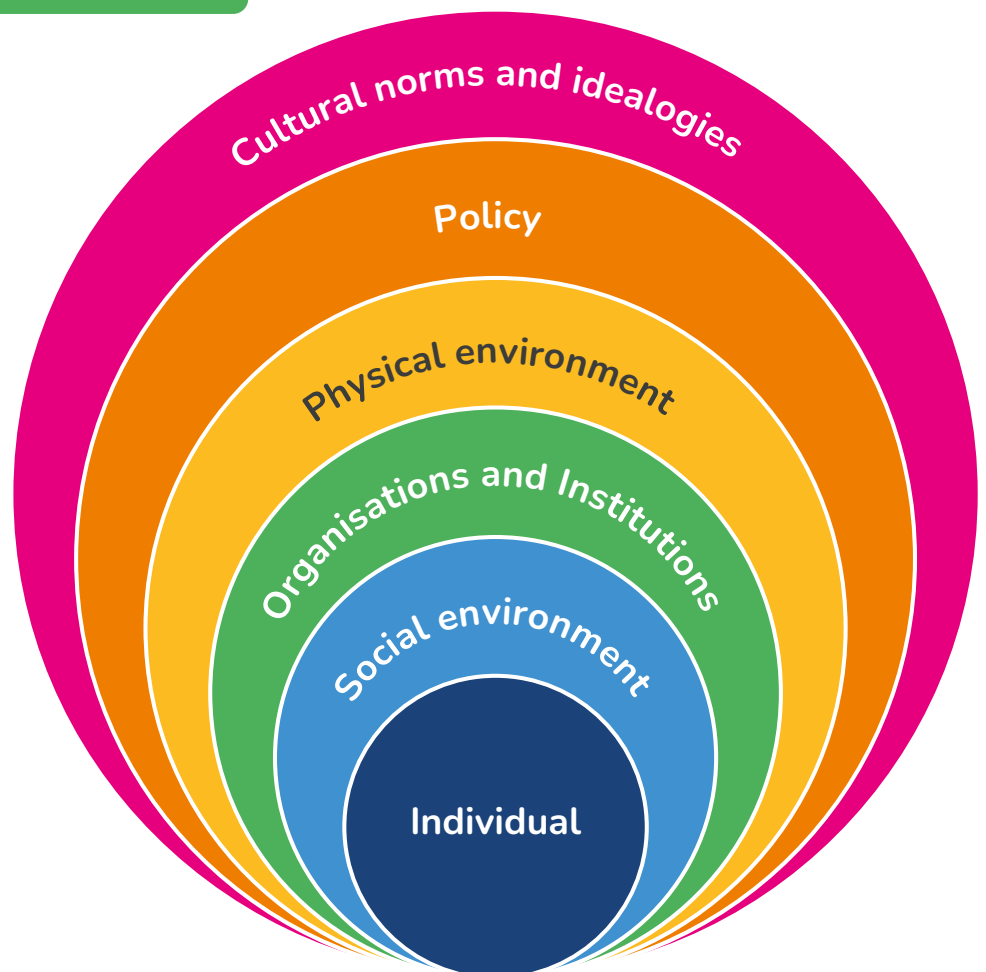


Figure 1. Based on the socio-ecological model<sup>8</sup>

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# Appendix One

## Building Futures

### Action on Child Poverty at the Edge of Care in Cardiff & the Vale of Glamorgan

This bid was prepared by a range of partners across Cardiff and the Vale of Glamorgan to address child poverty. Whilst it was unsuccessful it is important to recognise that addressing child poverty would improve the health of the population.

Child poverty has emerged as a key risk factor for children entering care with strong evidence of an association between growing up in poverty and childhood adversities. To better support families, more effective coordination of social work, health and public health, schools, public and community services is needed.

Addressing the needs of those on the 'edge of care' is important because it prevents those at-risk of entering care from the adverse life-long consequences of being in care, including poorer educational attainment, mental health and physical health. This disadvantage also extends into the child's adult life, creating a cycle of intergenerational poverty

The proposed project set out to complete a detailed systems analysis of child and family support services available to those on the 'edge of care'. This analysis would help to inform recommendations for integration of services and changes in the way the services are provided to better meet the needs of the families accessing support and a shift to more preventative action rather than crisis response.

**A collaborative approach would focus on two target areas with the highest levels of deprivation in Cardiff and the Vale of Glamorgan. Ely and Caerau in Cardiff and Gibbonsdown, Court and Buttrills in the Vale of Glamorgan using a two-step approach.**

1. Locality system analysis. To improve knowledge of what demands are currently placed on services, what unmet need there is, what is available to families currently and how effective this support is. A wide range of sources of information will be used including learning from best practice, practitioners and those using services.
2. Identifying opportunities for change and producing recommendations for system change initiatives. Testing ideas and user-focussed design.

**The learning from these areas and improvements would go on to shape wider service design.**

# Appendix Two

## Update on Previous Director of Public Health Report

### Recall of the wild: Reconnecting with and restoring nature for biodiversity and health

Following publication of [Recall of the Wild](#) in December 2023, actions have been taken to meet the recommendations:



Ecological surveys at four Health Board hospital sites: these were commissioned by the Local Public Health Team at University Hospital of Wales, University Hospital Llandough, Barry Hospital and St David's Hospital. These have provided us with an understanding of the biodiversity at each site, along with proposing recommendations for the enhancement and improved land management of green areas to enable us to restore and reconnect with nature.



Biodiversity enhancements at sites: following the ecological surveys, and site visits with co-ordinators from the Vale of Glamorgan and Cardiff Local Nature partnerships, proposals have been presented to and approved at the Senior Leadership Board for enhancements of green areas at sites.

Vale Public Services Board Nature Charter development: Working with the Vale Public Services Board (PSB), and Natural Resources Wales (NRW), we have developed a Climate and Nature Charter. This is a renewal of the pre-existing Climate Charter to incorporate nature-focused commitments, encouraging public organisations to restore biodiversity and improve opportunities for nature connections.

RSPB Nature Prescriptions: We are going to be working with the RSPB to bring their nature prescriptions scheme to the Cardiff and Vale UHB area. This will provide new opportunities for Healthcare Professionals to signpost people to nature-based activities to improve their health and wellbeing. The scheme is already successful in Scotland and England, with this being the first time it will be provided in Wales.





Bwrdd Iechyd Prifysgol Caerdydd a'r Fro  
**Tim Iechyd Cyhoeddus**  
Cardiff and Vale University Health Board  
**Public Health Team**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board