



# Director of Public Health Annual Report 2016

Abertawe Bro Morgannwg University Health Board



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WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

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The ABM Public Health Team including:

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Also to Bethan Jenkins, Liz Newbury-Davies, Sally Pearson and Claire Thompson.

Kate Evans, Public Health Specialist Midwife, ABMU Health Board

Lloyd Evans, Public Health Intelligence Analyst, Public Health Wales Observatory

Dr Rebecca A Hill, Swansea University

Gary Mahoney, Early Years Progression Officer, City and County of Swansea

Staff, children and parents from childcare provision across ABMU HB

Swansea Healthy City Board & Caroline Rees, Marketing Consultant, Rees Marketing

Catherine Watts, Immunisation Coordinator, ABMU Health Board

Mary Wilson, Dental Public Health Team, Public Health Wales

Jeannie Wyatt Williams, National Exercise on Referral Co-ordinator, WLGA

John Fry Photography

Design: Ridler Webster



# Foreword



This year my annual report focuses on the importance of the early years, which has been a priority for my team over the last year.

Through the use of a fictional family the report highlights the important factors for health and wellbeing during the pre-conception phase to age two years.

During this crucial period, focused attention can provide enormous benefit. How infants are treated will shape their lives – and influence society.

Over the last year our early years work has been shaped by a number of developments. One of these is the emerging evidence surrounding the impact of Adverse Childhood Experiences (ACEs). Research tells us that as the number of ACEs increases, so does the risk for poorer health outcomes in later life.

Another strong influence is the introduction of the Well-being of Future Generations Act (2015), which requires us to work towards improving the social, economic, environmental, and cultural well-being of Wales.

The Act has prompted us to think differently about the way we work and to ensure that its core principles, such as working together on long term goals and preventing problems, are at the heart of all our work.

By working in this way we are ensuring that the next generation is free to enjoy a good quality of life.

In my last Annual Report (2015) I made a pledge to pay more attention to increasing physical activity in our local communities and to devote more of my personal time to physical activity.

Recently, my team have also made physical activity pledges in their workplace in an attempt to increase daily activity and decrease sedentary behaviour. One of these is to use the stairs instead of the lift every day. We are also planning team litter picking events, getting outdoors and improving our environment at the same time. The next challenge will be to recycle as much as we can.

**Dr Sara Hayes**  
Executive Director of Public Health

## Zac's story

Zac was born in Neath Port Talbot Birth Centre to his mother Louise and father David. You can follow Zac's journey from conception to age two.



Wherever you see this symbol, you will find Zac's story.

**Not all families in ABM are like Zac's. We have created Zac's story to demonstrate the things that evidence tells us need to be in place to help children have the best start in life and meet their developmental milestones.**

# 1. The Importance of the Early Years

Conception to age two is a crucial phase in child development.

“Pregnancy is a particularly important period during which the physical and mental wellbeing of the mother can have lifelong impacts on the child. Maternal stress, diet, alcohol and substance misuse can place a child’s future development at risk.”

(WAVE TRUST AND DOE, 2013).

From the moment they are born, babies and young children need social contact and a consistent, loving and safe environment which promotes:

- ◆ Secure early attachment with parents and primary caregivers
- ◆ Resilience e.g. confidence, self esteem, learning how to solve problems, understanding and managing emotions
- ◆ A readiness for learning e.g. speech, language, communication, thinking and social skills

(HEALTHY AND SUSTAINABLE PRE-SCHOOL SCHEME – MENTAL AND EMOTIONAL HEALTH, WELLBEING AND RELATIONSHIPS, PUBLIC HEALTH WALES JUNE 2014).

Adequate nutrition is especially vital to children’s physical and intellectual development in the early months after birth, and breastfeeding can provide particular benefits. Also important are good hygiene, home safety and immunisation.

(BUMP, BABY AND BEYOND, 2014).

Language development and the ability to learn – all the skills that equip children to relate to others, to thrive and to learn the skills they need to succeed academically - are all embedded in the earliest months of life. (WAVE TRUST, 2014).

In summary, the first two years of a child’s life help to create solid psychological and neurological foundations which in turn help to optimise their lifelong social, emotional and physical health, and their potential educational and economic achievements.

The following outcomes have been the focus of our work on early years for 2015/16:

## Improving Pre-conception Care and Maternal Health so that babies are born healthy

### Outcomes

Babies are born healthy and child birth is a safe and positive experience for women in the ABM area.

### Headline Indicator:

- ◆ Percentage of babies breast fed at birth and six weeks

### Other Key Indicators:

- ◆ Number of pregnant women who smoke in early pregnancy
- ◆ Percentage of low birth weight rate
- ◆ Under 18 conception rates
- ◆ Uptake of influenza vaccination by pregnant women

## Pre-school Children

### Outcomes:

Preschool children in the ABM area are safe, healthy and develop to their full potential.

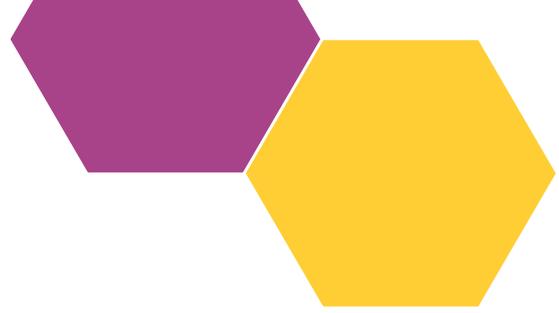
### Headline Indicator:

- ◆ School readiness

### Other Key Indicators:

- ◆ Uptake of scheduled vaccinations of children to age 4
- ◆ Percentage of children aged 4 to 5 who are overweight or obese
- ◆ Percentage of babies breastfed at birth and six weeks
- ◆ Oral Health (Decayed, missing or filled teeth (DMFT) age five)

Complete Driver Diagrams included in Appendices



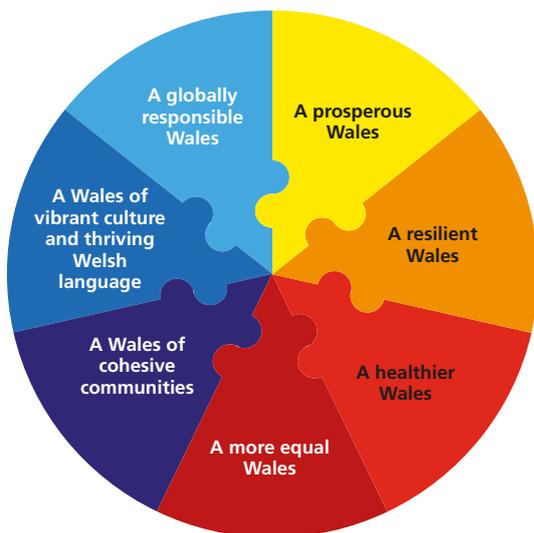
## New Drivers for Change

### The Well-being of Future Generations (Wales) Act (Welsh Government, 2015)

The Well-being of Future Generations (Wales) Act is groundbreaking legislation from the Welsh Government, which is concerned with improving the four aspects of well-being - social, economic, environmental and cultural well-being of Wales for now and into the future.

All public bodies listed in the Act must set and publish their 'wellbeing objectives' in a local well-being plan, which will show how they intend to improve the economic, environmental, social and cultural wellbeing of the people they serve.

To make sure all organisations work towards a shared vision, the Act puts in place seven well-being goals shown in picture below. It establishes a 'sustainable development principle' to guide public bodies on how to go about meeting their duties under the Act.



Alongside the well being goals, the Act requires public bodies to show that they have applied the sustainable development principle by following five ways of working which are intended to help us work together better, to avoid repeating past mistakes and to tackle some of these long-term challenges we are facing.

#### These ways of working are:

- ◆ **Prevention:** Acting to prevent problems occurring or getting worse
- ◆ **Long term:** Balancing short with long term needs
- ◆ **Integration:** Looking at how their well-being objectives might impact on all their other objectives, and on the objectives of other public bodies
- ◆ **Collaboration:** Acting in partnership with others who can help to meet its well-being goals
- ◆ **Involvement:** Involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves

To give our future generations a good quality of life we need to think about how the decisions we make today will impact on them and on how we protect and enhance the natural environment to secure their future wellbeing.

It is clear therefore that the Act is very significant for the establishment of national and local goals for the health and development of children in their early years. This includes strengthening the support that families and communities need to be able to give their children the best start in life and to ensure that the next generation is free to enjoy a good quality of life in the future.

Locally, we will work closely with our partners to assess the well-being of the populations and communities of Bridgend, Neath Port Talbot and Swansea. We will support the development of the new Public Service Boards and their plans to improve well-being across the region. We will design our public health work in line with the sustainable development principle and the five ways of working and, in particular, we will promote ways to prevent problems arising for people in the first place.

Going forward our focus will continue to be on the early years – on that crucial first 1000 days in children’s lives, from conception to age two. We will work with our partners to help strengthen action to prevent Adverse Childhood Experiences, to promote physical activity and the ten steps to a healthy weight, to improve young children’s development outcomes and to further reduce teenage conception rates.

We will ensure that we work according to the principles of the Well-Being of Future Generations Act (2015) and that the ‘ways of working’ guide our plans for the coming year.



## ABMU Health Board Children’s Rights Charter

United Nations International Children’s Emergency Fund (UNICEF) works with children in more than 190 countries, believing that every child has the right to grow up safe, healthy and happy. In 1989, governments worldwide promised all children these rights by adopting the United Nations Convention on the Rights of the Child (UNCRC). The rights are based on what a child needs to survive, grow, participate and fulfil their potential. They apply equally to every child regardless of who they are or where they are from.

The Health Board is committed to ensuring that all children who access health services are aware of and treated in accordance with the United Nations Rights of The Child. To support this, work began in 2014 to develop a charter for children and young people.

In November 2014, a draft Charter for ABMU Health Board was launched.

Going forward in 2016, the Health Board, with help from Swansea University, plan to involve children, young people, parents, carers, and professionals in steering the implementation of the Charter. Awareness raising and staff training will be undertaken and a baseline study conducted to assess current practice against the Charter. An action plan and annual reviews will help keep the Charter prominent. Meanwhile, the ABM Healthy Schools Team are active in promoting the Charter to all school age pupils across ABM.

## 2. Pre-conception and the Pregnant Mum

### What We Know

The foundations for every aspect of human development are laid down during pregnancy and in early childhood. The health of babies can be affected before they are born or even conceived, making it vitally important that pregnant women are healthy and safe and get the best support before and during their pregnancies.

Pregnancy is a particularly important period during which the mother's physical and mental wellbeing can have lifelong impacts on the child. Factors such as diet, smoking, stress, trauma, a bad relationship with a partner, alcohol misuse and drug abuse can all put a child's development at risk. [\[BUMP, BABY AND BEYOND, 2014\]](#).

**To ensure mums are as healthy as they can be and give their babies the best start in life the following things are important for pre-conception and during pregnancy.** [\[BUMP, BABY AND BEYOND, 2014\]](#).

### Vitamins and Supplements

Folic acid can help to protect a baby against neural tube defect, such as spina bifida and should be taken pre-conception for those planning a pregnancy and for the first 12 weeks of pregnancy.



### Stop Smoking

Smoking can cause problems when trying to conceive and during pregnancy has been linked to a variety of health problems, including premature birth, low birthweight, cot death (also known as sudden infant death syndrome or SIDS), miscarriage and breathing problems/wheezing in the first six months of life.

The following table shows the number of pregnant women who were smokers at their booking appointment and the number who accepted a referral to smoking cessation services:

**Table 1. Number of pregnant smokers at booking appointment April 2015- March 2016**

| Area              | Number of women booked for antenatal care | Number of women who smoke at booking appointment | Number of smokers who accepted referral to smoking cessation services |
|-------------------|---|--|---|
| Bridgend          | 1683                                      | 337 (20%)  | 125 (37%)   |
| Neath Port Talbot | 1438                                      | 288 (20%)  | 124 (43%)   |
| Swansea           | 2904                                      | 465 (16%)  | 190 (41%)   |
| <b>TOTAL</b>      | <b>6040</b>                               | <b>1087 (20%)</b>                                | <b>435 (40%)</b>  |

(Data source-ABM Maternity Department, 2016)

\*Please note the 'Number of smokers who accepted referral to smoking cessation services' should be observed with caution as this differs from the number of pregnant smokers actually referred to smoking cessation services.

## Cut out Alcohol

Drinking alcohol can negatively affect fertility and in pregnancy can lead to long-term harm to a baby. Government guidelines have recently been updated and now recommend that women do not drink at all during pregnancy.

## Keep to a Healthy Weight

Being overweight or obese can lead to problems getting pregnant, and can make fertility treatment less likely to work. Being overweight (having a BMI of 25-30) or obese (having a BMI over 30) also raises the risk of some pregnancy problems, such as high blood pressure, blood clots, miscarriage and gestational diabetes.

The following table shows the number of pregnant women who were overweight, obese or morbidly obese at booking appointment:

Table 2. Pregnant women who are obese or overweight at booking appointment April 2015–March 2016

| Body Mass Index (BMI)             | Bridgend    | Neath Port Talbot | Swansea     | Total       |
|-----------------------------------|-------------|-------------------|-------------|-------------|
| <b>25 – 29.9 Overweight</b>       | 486 (29%)   | 405 (28%)         | 784 (27%)   | 1681 (28%)  |
| <b>30 – 34.9 Obese</b>            | 220 (13%)   | 204 (14%)         | 370 (13%)   | 796 (13%)   |
| <b>35.39.9 Obese</b>              | 119 (7%)    | 117 (8%)          | 177 (6%)    | 414 (7%)    |
| <b>40 + Morbidly obese</b>        | 88 (5%)     | 64 (5%)           | 94 (3%)     | 245 (4%)    |
| <b>Total Booking Appointments</b> | <b>1683</b> | <b>1438</b>       | <b>2904</b> | <b>6025</b> |
| <b>Total Overweight or Obese</b>  | <b>54%</b>  | <b>55%</b>        | <b>49%</b>  |             |

(Data source-ABM Maternity Department, 2016)

## Vaccinations

Some infections, such as rubella (german measles) or influenza (flu), can be harmful to an unborn baby. Vaccinations currently offered to pregnant women include influenza and pertussis (whooping cough). Pregnant women and those trying to conceive should make sure they are up to date with their vaccinations.

Uptake of influenza vaccination in pregnant women  
ABM area: **80.5%** (VPDP, 2016)

Uptake of pertussis vaccination in pregnant women  
ABM area: **77.5%** (VPDP, 2016)

New and expectant mums have been supported to stay healthy and active thanks to a new initiative piloted in Neath Port Talbot.

The Fit for Birth and Beyond programme offered a weekly aqua natal class followed by an informal parent craft session where the mums could meet with local midwives and health visitors for health advice and information regarding pregnancy and the early years.

Referral to physical activity from Midwifery is being supported across the ABM area for expectant mums with a BMI of 30 or over.

## Supportive Relationships

Having a supportive network and healthy relationships is important. Feeling supported and being able to talk about concerns can help to alleviate stress that may be experienced during pregnancy or when trying to conceive. Stress can negatively affect fertility and health during pregnancy.

## From the Mum's Perspective



Louise was 20 years old when she gave birth to her son Zac. Louise and David, Zac's father didn't plan on being parents at 20 so it was quite a shock when they found out she was pregnant.

Louise was worried because she didn't feel like she was taking care of herself.

Louise's midwife spoke to her about how she could make sure she was healthy during her pregnancy so that her baby could have the best start in life. She explained to her that everything she put into her body could affect her baby. She gave her a booklet that had lots of information about eating a healthy diet, pregnancy vitamins, what vaccinations she would need and she explained to her that it was safest not to smoke or drink at all.

Louise was a smoker and was worried that she may hurt her baby if she continued. Her midwife offered her a referral to a local service that could help her quit and she decided to try it.





## Teenage Pregnancy

Compared with people with no Adverse Childhood Experiences (ACEs), those with four or more ACEs are six times more likely to have had or caused an unintended teenage pregnancy.

Some young people make a positive choice to become a parent. However teenage pregnancy is more often associated with poor health and social outcomes for both the mother and the child. Young mothers are more likely to suffer postnatal depression and less likely to complete their education. Children born to teenage parents are less likely to be breastfed, more likely to live in poverty and more likely to become a teenage parent themselves.

There are known factors that influence the likelihood of teenage pregnancy, these are:

- ◆ **Risky behaviours** such as early onset of sexual activity, poor contraceptive use, teenage motherhood (around 20% of births conceived under 18 are second or subsequent births), alcohol and substance misuse
- ◆ **Education related factors** such as low educational attainment, no qualifications, disengagement from school
- ◆ **Family background factors** such as living in care, daughter of a teenage mother

In 2014 the under 18 conception rate in England and Wales was the lowest since 1969 at 22.9 conceptions per 1000 women aged 15 to 17 years.

In 2014 the ABMU HB under 18 conception rate was 26.2. Bridgend has the highest under 18 conception rate of the local authorities in Wales: 32.1 per 1000 women (15 -17 years).

Across the ABM area, condom distribution schemes in Bridgend and Swansea and Relationships, Advice, Drop In Service (RADS) in Neath Port Talbot address some of the difficulties faced by young people when accessing traditional NHS sexual health services. These services are generally delivered by non clinical staff in community settings where young people congregate.

### The aim and objectives:

- ◆ to reduce inequalities and to improve sexual health outcome
- ◆ to provide information, advice and resources to support young people regarding their relationships, sexual health and well being

Evidence based interventions include good quality school/community sex and relationships education, easily accessible sexual health services (including Long Acting Reversible Contraception (LARC)) and targeted services for vulnerable groups. Locally we are working towards the following objectives:

- ◆ Development of Local Enhanced Service (LES) for long acting reversible contraception (LARC), with cross referrals in primary care to improve access
- ◆ Embedding the National Empower to Choose programme to increase access and use of LARC
- ◆ Improving access and funding for relationship advice and condom distribution schemes
- ◆ Review and development of ABM wide approach to support multi-agency delivery of good quality sex and relationships education in schools and community settings
- ◆ Parenting programmes providing specific support to teenage parents

Table 3. Under 18 conception and outcome by ABM area (2014)

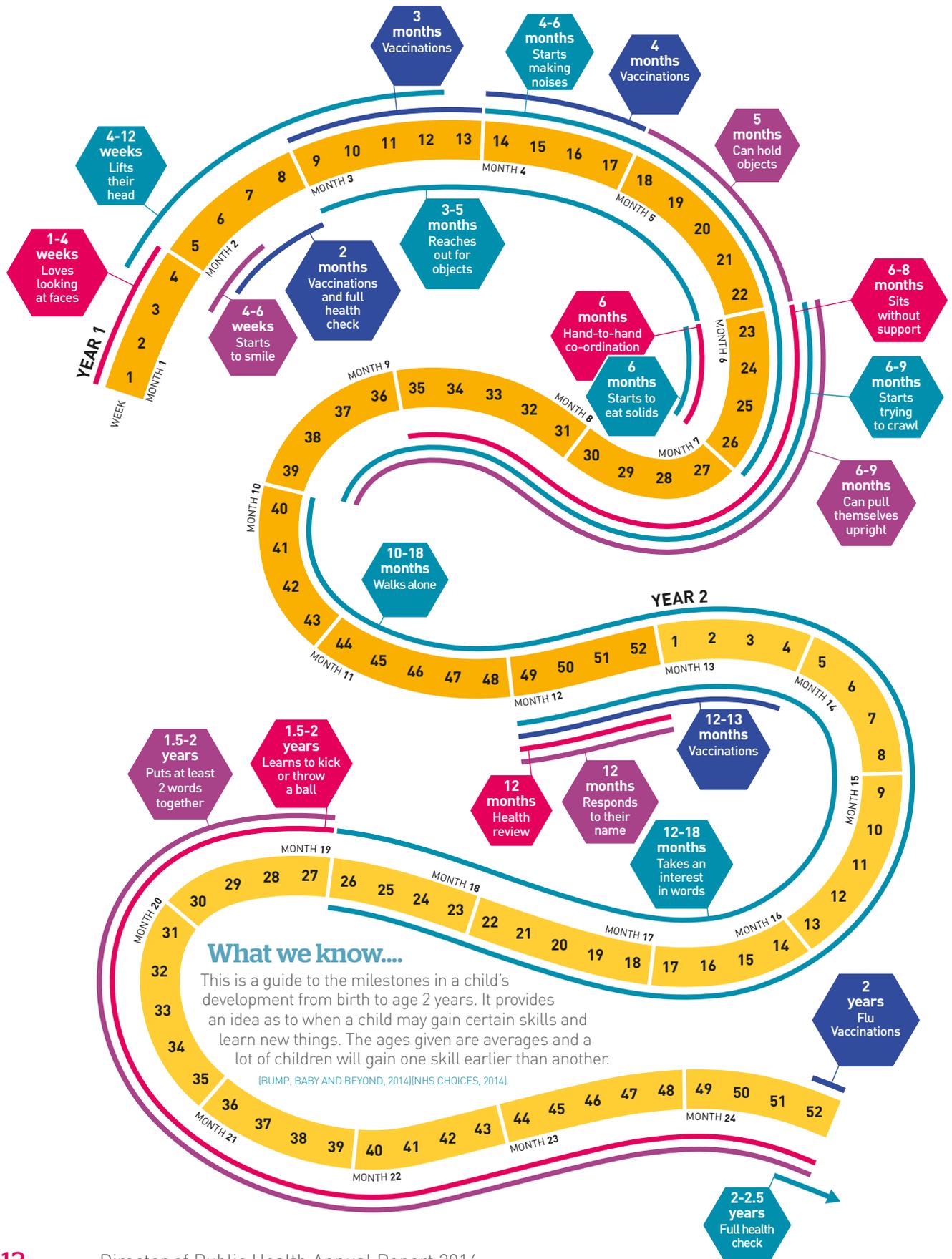
| Area                     | Number       | Rates per 1000 women 15 - 17 years 2014 |             |             | % of conceptions leading to abortion |
|--------------------------|--------------|---|-------------|-------------|--------------------------------------|
|                          |              | Conceptions                             | Births      | Abortions   |                                      |
| <b>Bridgend</b>          | 80           | 32.1                                    | 19.3        | 12.8        | 40.0                                 |
| <b>Neath Port Talbot</b> | 68           | 27.3                                    | 15.6        | 11.6        | 42.6                                 |
| <b>Swansea</b>           | 85           | 21.7                                    | 11.0        | 10.7        | 49.4                                 |
| <b>Wales</b>             | <b>1,371</b> | <b>25.4</b>                             | <b>13.8</b> | <b>11.7</b> | <b>45.8</b>                          |

Source: Office for National Statistics, Conceptions in England and Wales 2014



# 3. Birth Onwards

## The Baby's First Two Years



## Zac's Story

### 1-4 weeks



By the time Zac was born Louise had managed to quit smoking. She found it very difficult and it took her 3 attempts to quit for good. Following advice from their midwife on the increased risk of Sudden Infant Death Syndrome (SIDS) when someone in the house smokes, David had decided to quit too and quitting together really helped them both.

Louise had been told about the benefits of breastfeeding by her midwife and at her antenatal classes. She wasn't sure she would like it as she had friends who said it hurt but she decided to try. It was difficult at first but her maternity support worker helped her and after a few days Zac settled into a routine. She enjoyed having Zac close to her when he was feeding.

### 8 weeks

When Zac was 8 weeks old, Louise took him to her GP for his first vaccinations and health check. She wasn't sure what vaccinations he needed but had been told by her Health Visitor that they were really important as they would stop Zac getting certain illnesses and diseases. Zac cried a little when he had the injections but was soon happy and Louise was glad he was protected. Her Health Visitor had told her that she would need to take Zac for more vaccinations over the next few years and that she would receive a letter telling her when.

### 6 months

Louise had continued breastfeeding Zac and at 6 months was starting to think about giving him solid foods. David worked as a chef and was always trying out new recipes at home so he was very excited for Zac to start eating with him and Louise. David and Louise looked through the baby book they had been given and spoke to their health visitor about what they should be feeding Zac. They made sure that Zac had lots of fruit and vegetables and that his meals were free from salt and sugar. They mashed his food up at first so it was easier for him to eat and enjoyed watching him try new

flavours. He loved sweet potato and chicken but really didn't like tomatoes! After a few months they began giving him slices of soft food like banana and soon he was able to hold it himself. Zac loved feeding himself.

### 6-9 months

When Zac was 10 months old he got his first tooth. Louise bought him a special toothbrush and toothpaste. They tried to make teeth cleaning fun with games and songs. Zac didn't like it at first but after a few weeks got used to the feeling of the brush in his mouth. As the weeks went on he got more teeth and Louise and David made sure they brushed them every morning and night.

The 2014-15 dental epidemiological survey of five year olds in Wales reported that in ABMU Health Board 43% of five year olds surveyed had at least one tooth affected by decay. This is higher than the Wales average of 35.4% (CARDIFF UNIVERSITY, 2016).

This figure has slowly decreased since 2007.

### 10-18 months

A few days after Zac turned one he took his first steps. He had been crawling for a while and standing with help from David or Louise. The Health Visitor had told them when Zac was born that it was important for him to be active and not to be lying or sitting down for too long. Louise made sure he played on the floor every day and also took him swimming once a week, which he loved. She did have the television on most days but tried not to keep it on longer than an hour or so. This way Zac played with his toys a lot more and moved around the floor. David had baby-proofed the house so Zac couldn't get into cupboards or up the stairs.

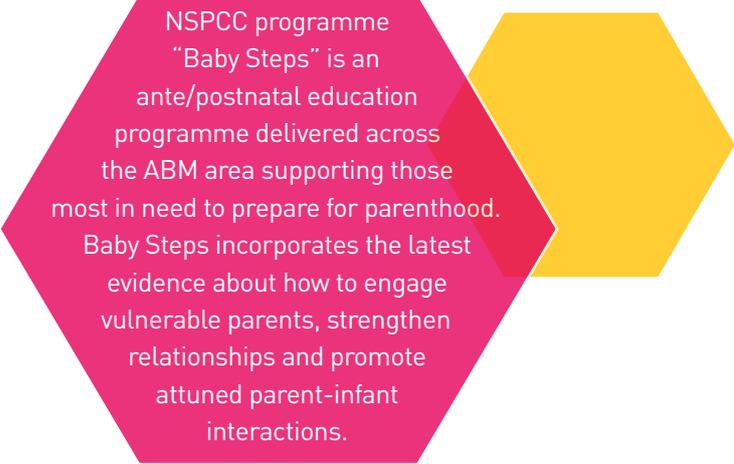
## Enablers to Meeting Milestones; the Healthy, Happy, Growing Child

### What we know

**The following factors can increase the likelihood that a child will meet developmental milestones as expected:**

### Parenting and Relationships

Secure and loving relationships with parents and a good learning environment at home all contribute to a child's development, their emotional wellbeing and their ability to form positive relationships with others. By contrast, at this stage a lack of support, abuse or neglect can have severe and lifelong adverse impacts.



NSPCC programme "Baby Steps" is an ante/postnatal education programme delivered across the ABM area supporting those most in need to prepare for parenthood. Baby Steps incorporates the latest evidence about how to engage vulnerable parents, strengthen relationships and promote attuned parent-infant interactions.

### Reducing the Impact of Deprivation

Poor social and economic circumstances affect health and well-being throughout life. Disadvantage has many forms and can include: having few family assets, a poorer education, a lower paid job or insecure employment, living in poor housing and trying to bring up a family in difficult circumstances. The consequences of poverty, higher levels of harmful behaviour and lower levels of protective behaviour are seen most clearly in the distribution of illnesses and health status. People in the most deprived areas have higher levels of mental illness, hearing and visual impairment, and long-term health problems, particularly chronic respiratory conditions, cardiovascular disease and arthritis.

Research shows that what parents do with their children before they are three years old plays an important part in their development, having more of an effect, even than social background, on a child's readiness for school. ([INCT RESEARCH OVERVIEW, 2011](#)).



"Action to reduce health inequalities must start before birth and be followed through the life of a child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken"  
The Marmot Review, 2010.

Children benefit most when they experience the consistent support and presence of caring adults – carers, parents or other family members – from the earliest possible age. Evidence shows that the most positive impact comes from families in terms of improved outcomes for children. This is followed by access to good quality early years provision which has the next largest impact on children's development by the age of 5. The evidence strongly shows that this is particularly important for disadvantaged children, and often helps parents to develop effective home learning environments." ([THE EARLY YEARS FOUNDATIONS FOR LIFE, HEALTH AND LEARNING](#)).

### Adverse Childhood Experiences (ACEs)

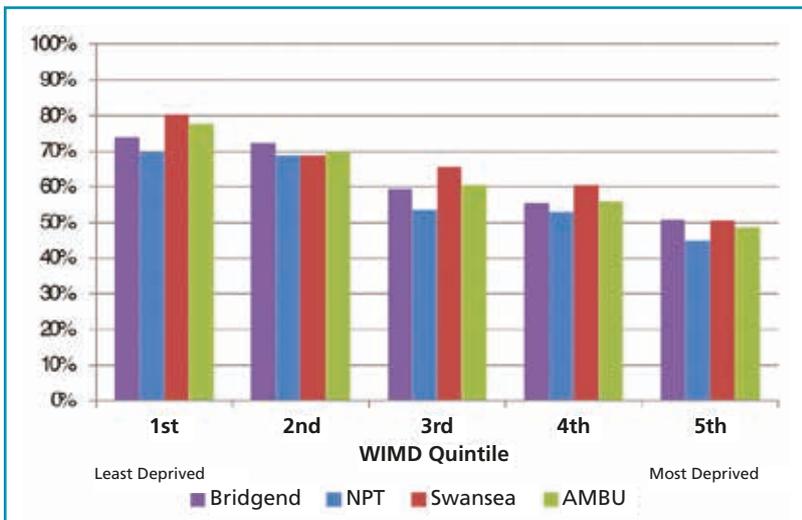
Multiple risk factors and adverse experiences can greatly increase the likelihood of poor outcomes for children. Research shows that children who have a difficult start in life can experience lifelong, personal, social and economic adversity. ([PUBLIC HEALTH WALES NHS TRUST, 2015](#)).

### Breastfeeding

Breast milk provides all the goodness and nutrients a baby needs. Breast milk contains antibodies which will help give a baby immunity against common illnesses like colds and coughs. It also reduces the risk of Sudden Infant Death Syndrome (SIDS), diarrhoea and vomiting and in later life; Type 2 diabetes, obesity and adult cardiovascular disease. Breastfeeding can also help mothers form a strong emotional bond with their babies. ([BUMP, BABY AND BEYOND, 2014](#)).

Breastfeeding rates decrease between birth, 10 days, 6 weeks and six months. In 2015, 62% of mothers breastfed their babies at birth.

**Figure 1. Breastfeeding initiation by deprivation quintile, ABM University Health Board resident mothers, 2014**



Source: ABM University Health Board Informatics

Mothers who live in areas categorised as the least deprived are more likely to breastfeed than mothers living in most deprived areas. In 2014 there was a 29% difference in breastfeeding at birth between the least and most deprived communities in the ABM area.

## Vaccinations

Immunisations are a safe and effective way to ensure babies are protected against disease.

Welsh Government has set a target for Health Boards that 95% of children under four years old are up to date with their vaccinations.

For the year 2015/16 ABM UHB did not meet the 95% target for four year olds. None of the Health Boards across Wales have met this target.

The Public Health Team continue to work closely with the Health Board Immunisation Coordinator to target work aimed at increasing uptake in this age group.

Flying Start Midwives working across the region deliver antenatal information to the under 25's using a resource called 'Hello Baby'. This is consistent with the Unicef UK maternity standards on the value of breastfeeding and the promotion of close and loving relationships.

This year, ABM Public Health Team offered support to GP Practices to hold a fluenz vaccination party. The parties were for two and three year olds eligible for their flu vaccination and aimed to increase uptake in this age group. Five practices took up the offer and held parties. Four practices demonstrated an increase in their uptake rates overall and one practice stayed at the same level as last year. Well done to our practices for their imaginative ideas, including Santas Grotto and a Frozen themed fancy dress party!

**ABM vaccination highlights 2015/16**

Fluenz vaccination two and three year olds  
34% uptake (VPDP, PHW, 2016)

Up to date at four years –  
ABM 86.5 % Wales 85.3%  
(COVER REPORT, PHW, 2016)

## Smoking

Second hand smoke is the smoke you breathe in from other people's cigarettes. A baby/child is powerless to protect themselves from the dangers of second hand smoke.

### **Babies and children who are exposed to second hand smoke are more at risk of:**

- ◆ Cot death
- ◆ Having damaged lungs
- ◆ Getting illnesses like coughs, colds, bronchitis and pneumonia
- ◆ Getting middle ear disease, which can cause deafness
- ◆ Getting asthma, or wheezing

A completely smoke free environment, including the home and car is the only way to make sure that a child is protected. There is no safe level of second hand smoke. [\[BUMP, BABY AND BEYOND, 2014\]](#).



Across ABM UHB all Community Midwives now have CO monitors to use with pregnant women at appointments, have received brief intervention training for smoking and can refer directly to Stop Smoking Wales.

## Drugs and Alcohol

Substance misuse by a parent or carer is widely recognised as one of the factors that puts children more at risk of harm. The biggest risk posed to children is that parents, when under the influence of drugs or alcohol, are unable to keep their child safe. Common risks include overlay through co-sleeping and accidents caused through lack of supervision.

[\[NSPCC, 2016\]](#).

In order to keep children safe, drugs should be avoided and alcohol intake kept to a minimum.



In 2016, the alcohol guidelines were updated: Women should drink no more than 2-3 units per day. Men no more than 3-4 units per day. No more than 14 units per week for all and at least 2 alcohol free days per week.

Visit: [www.drinkaware.co.uk](http://www.drinkaware.co.uk) for more information.



In ABMU we have a specialist midwife who cares for pregnant women with alcohol or substance misuse problems. The Specialist Midwife can offer care, support, advice and access to agencies that can offer reduction and rehabilitation programmes.

## Healthy Eating

Eating well is important for the whole family and children are inevitably influenced by what their parents eat. Eating a variety of fruit and vegetables, limiting sugar, salt and fat intake, and keeping an eye on portion size are all great healthy eating habits and will reduce the likelihood of obesity related illnesses and diseases.

The revised Eatwell Guide has recently been launched. This replaces the Eatwell plate and takes into account the revised dietary recommendations for sugar and fibre. See NHS Choices for further details.



All ABM settings that are part of the Healthy and Sustainable Pre-School Scheme are invited to attend the Agored Cymru Level 2 Community Food and Nutrition Skills for Early Years course. As a result of completing this qualification settings have made some fantastic adaptations to the food and drink they provide to the children that attend their setting. Example menus are discussed on the course and have been used to inform and adapt existing menus. This helps to ensure that the children are having healthy, balanced meals that provide them with all the nutrients that a growing child requires. Staff that have attended the course have thoroughly enjoyed and returned to their work enthused, inspired and informed on the importance of good diet and nutrition for the healthy, growing child.



The following table demonstrates the percentage of four and five year olds who are overweight or obese (2014/15).

**Table 4. Key data from the Child Measurement Programme for Wales, children aged 4 to 5 years, 2014/15**

| Area                     | Overweight % | Obese %     | Total       |
|--------------------------|--------------|-------------|-------------|
| <b>Bridgend</b>          | 14.5         | 11.7        | 26.2        |
| <b>Neath/Port Talbot</b> | 15.1         | 11.8        | 26.9        |
| <b>Swansea</b>           | 14.1         | 11.8        | 25.9        |
| <b>ABM</b>               | 14.5         | 11.8        | 26.3        |
| <b>Wales</b>             | <b>14.5</b>  | <b>11.6</b> | <b>26.1</b> |

## Physical Activity

Active kids are happy kids - they like to be running around and having fun. Even before they can walk or run it's important that they're able to move around and not sit still for too long. Building daily physical activity into a family's life will help to keep everyone happy and healthy. (CHANGE 4 LIFE, 2016)

## Healthy and Sustainable Pre-school Scheme

Launched nationally in 2011, the Healthy and Sustainable Pre-school Scheme (HSPSS) was developed as an extension of the Welsh Network of Healthy School Schemes (WNHSS).

Nationally, the HSPSS is a combination of all the 22 local county schemes, who each work locally and with some autonomy. The scheme has developed with local and national support from the WNHSS, and over 575 organisations are now involved. Settings are supported by their local practitioners and partnerships to embed health improvement practices into the daily life of their setting community.

Across ABMU there are 100 settings engaged in the scheme. This includes Flying Start settings; Childminders; Full Day Care; Cylch Meithrin; Wraparound and Playgroups. All settings work through the following seven health topics in a phased approach:

- ◆ Nutrition and Oral Health
- ◆ Physical Activity/Active Play
- ◆ Mental and Emotional Health, Wellbeing and Relationships
- ◆ Environment
- ◆ Safety
- ◆ Hygiene
- ◆ Workplace Health and Wellbeing

So far, 10% of settings have successfully completed all seven health topics.



## What was Zac's Experience?

Just after Zac's first birthday, Louise returned to work part time at the school where she was a teaching assistant. On the days that she worked Zac attended a nursery nearby. When she visited the nursery to see if she would like Zac to go there they showed her a typical weekly food menu. They explained that as they were part of the Healthy and Sustainable Pre-schools Scheme they followed guidance on how to provide a balanced diet for the children they cared for. Louise was pleased with this and was happy that Zac would be eating healthy meals in nursery as well at home with her and David.



"Playing with children establishes and strengthens bonds that will last forever"

J. K. Anderson-McNamee and S. J. Bailey. (2010)

## 4. Early Years Priority Areas

### Going Forward and Local Action

#### Adverse Childhood Experiences (ACEs)

Childhood experiences, both positive and negative, have an enormous impact on lifelong health and opportunity. Negative experiences such as abuse, neglect, witnessing domestic violence and growing up in a household where there is alcohol or drug abuse, affect many children.

Such experiences have been linked to future risky health behaviours, chronic health conditions and early death.

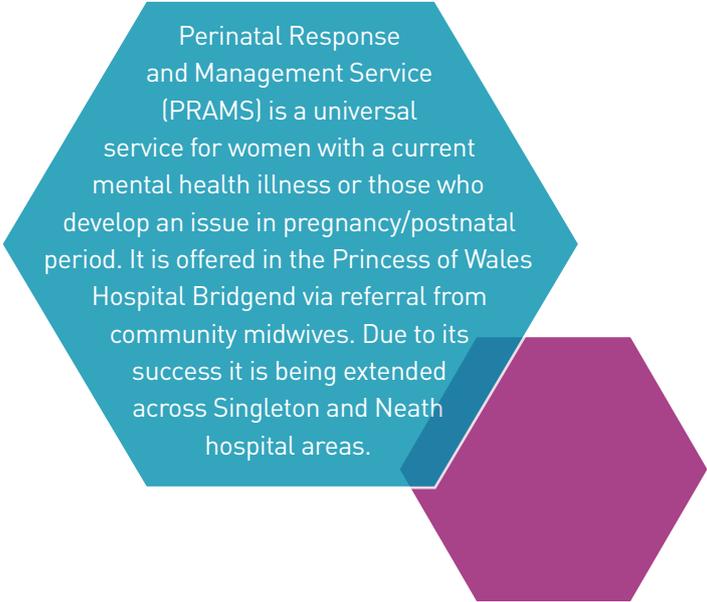
There is an increasing body of research showing the long-term harm caused by chronic stress during childhood. Collectively such childhood stressors are known as Adverse Childhood Experiences (ACEs).

Exposure to ACEs can alter how children's brains develop and the development of their immunological and hormonal systems.

As the number of ACEs increases, so does the risk for these outcomes. Children with the greatest exposure to ACEs are more likely to develop health-harming behaviours in adulthood - which often start in adolescence - such as smoking, binge drinking and drug use.

Such behaviour can cause individuals to progress more quickly to develop conditions such as diabetes, cancer, heart disease, mental illness and ultimately premature death. [\(CENTERS FOR DISEASE CONTROL AND PREVENTION, 2013\).](#)

In 2015, Public Health Wales collaborated with Liverpool John Moores University on the first ACE study for Wales. This entailed a national survey with more than 2000 adults in Wales who were asked about their current health behaviours and their exposure to ACEs. The study focused on identifying how health-harming behaviours such as drug use and binge drinking linked with people's experience of ACEs during childhood.



Perinatal Response and Management Service (PRAMS) is a universal service for women with a current mental health illness or those who develop an issue in pregnancy/postnatal period. It is offered in the Princess of Wales Hospital Bridgend via referral from community midwives. Due to its success it is being extended across Singleton and Neath hospital areas.

The findings published in the report (2015) show that ACEs have a major impact on the development of health-harming behaviours. The report also outlines a range of policies and programmes implemented in Wales to prevent ACEs and to help identify and intervene where children experience such adversity.

Currently, Public Health Wales have initiated an 'Early Years Collaborative' working closely with partners including the Welsh Local Government Association (WLGA) focusing on strengthening work across Wales which can help prevent ACEs and improve health, social and educational outcomes for all children in the first 1000 days of life, from conception to age two.

ABM Public Health Team are supportive of this collaborative and will work towards incorporating any learning outcomes into future work plans.



## Physical Activity: The Importance of Play

From birth to five years, physical activity is critical for optimal growth and development.

Research shows that children who spend more time outside are more physically active than those who spend a lot of time inside. (GRAY ET AL, 2015).

This is because outdoor activities are more energetic (moderate to vigorous activity) than indoor physical activities and it displaces sedentary time.

The importance of play for cognitive, social and wellbeing in the early years is well established.

(GINSBURG, 2007).

### Guidelines for under 5's who are not yet walking

(START ACTIVE, STAY ACTIVE (2011):

- ◆ Physical activity should be encouraged from birth, particularly through floor based play and water based activities in safe environments
- ◆ The amount of time spent sedentary (being restrained or sitting for extended periods, except sleeping) should be minimised

Examples, 'Tummy time' – this includes any time spent on the stomach such as rolling and playing on the floor, reaching for or grasping objects, pulling, pushing and playing with other people.

### Guidelines for under 5's who are capable of walking

(START ACTIVE, STAY ACTIVE (2011):

- ◆ Physically active daily for at least 180 minutes (3 hours) spread throughout the day
- ◆ The amount of time spent sedentary (being restrained or sitting for extended periods, except sleeping) should be minimised

Examples, energetic play, e.g. climbing frame or riding a bike, walking or skipping to the shops, park or to and from school.

## 10 Steps to a Healthy Weight

Public Health Wales have developed 10 evidence based positive actions that if taken will prevent children being overweight or obese by the time they go to school, starting pre-pregnancy. The 10 Steps were developed to help to align action across the system so all organisations are working towards the same goals and focusing on the factors that are most important. Resources are being developed for the public and professionals.

For more information please visit the website

[www.publichealthwales.org/10steps](http://www.publichealthwales.org/10steps) and

[www.iechydycyhoedduscymru.org/10cam](http://www.iechydycyhoedduscymru.org/10cam).



### 'Promoting Physical Activity across ABMU' Partnership Group

This group has been established by the Chair of ABM University Health Board to bring together partners working on physical activity and align priorities and resources. A local physical activity strategy is being developed to inform the work of the group.

## Children and Young People's Commissioning Board (CYPCB)

The CYPCB is made up of representatives from the Health Board, Public Health Wales, Primary Care, Third Sector and Local Authorities. Children and young people are represented by stakeholders.

The aim of the Board is to improve outcomes for children and young people across the ABM area.

### Main priorities for 2016/17

#### 1. Children and young people have good emotional health and wellbeing

- ◆ Review the Emotional Health & Wellbeing pathway for CYP and recommended pathways of care improvements to include:
  - Initial redesign of Tier 3 Child and Adolescent Mental Health Service (CAMHS) and the development of a service specification with clear standards of care
  - Redesign of Tiers 1 & 2 with development of a service specification with clear standards of care

#### 2. Narrowing the gap in developmental milestones across the social gradient for all children by age three years

- ◆ Review the early years pathway for all children up to 3 years and recommend pathways of care improvements to include equitable, evidence-based service provision for early years intervention care and support

#### 3. Increase the percentage of babies being breastfed at birth, six weeks and beyond

- ◆ Review current provision for breastfeeding support and propose recommendations based on best practice and a sound evidence base for how the UNICEF UK BFI standards could be achieved consistently across ABM

### Key outcomes

- ◆ Children reach their potential
- ◆ Children are given the best start in life

### Key indicators

- ◆ School readiness: Percentage of children achieving a good level of development at the end of reception (linked into Healthy Cities Early Years Programme)
- ◆ Breastfeeding – initiation
- ◆ Breastfeeding – prevalence at 6-8 weeks following birth



## Healthy City Swansea

Swansea has been a WHO designated Healthy City since 2010. The overarching aim is to reduce health inequalities through tackling the social determinants of health.

The Healthy City Board is working to improve young children's development outcomes and improve their life chances with a clear aim on closing the gap in readiness for school between advantaged and disadvantaged groups through:

- ◆ Increasing awareness of nursery and school readiness through a universal approach (city-wide evidence based parenting programme with parent produced messages)
- ◆ Assessment and signposting
- ◆ Service reorientation and development
- ◆ Data and service quality



## Achievements over the last year:

**Home links:** Three primary schools in Swansea and Bridgend have shared best practice by encouraging parental engagement with activities for babies and toddlers. This includes support for early language and numeracy skills, toileting, dressing and healthy eating. This has been possible through the building of good relationships with parents before the child begins nursery.

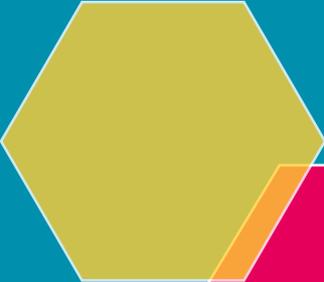
A Family of Dogs (The Jacks) are supporting the messages developed with the help of parents and 400 school children:



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With  
thanks to  
all the people  
and organisations  
that make this work  
possible across  
ABM Health  
Board area.

## Report Cards

**The following section of the  
Director of Public Health's  
Annual Report features the  
latest performance data.**



GIG  
CYMRU  
NHS  
WALES

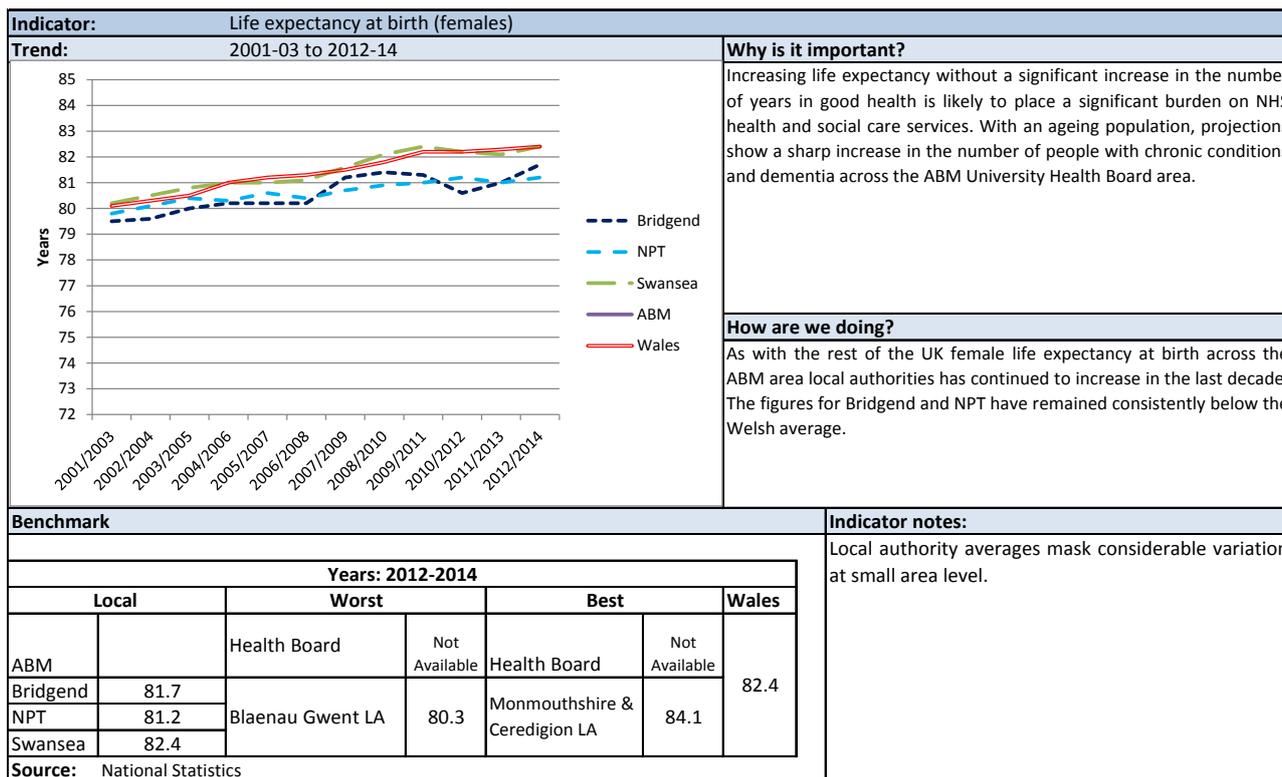
Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

# ABM University Health Board Public Health Performance Framework Indicator Report Cards June 2016

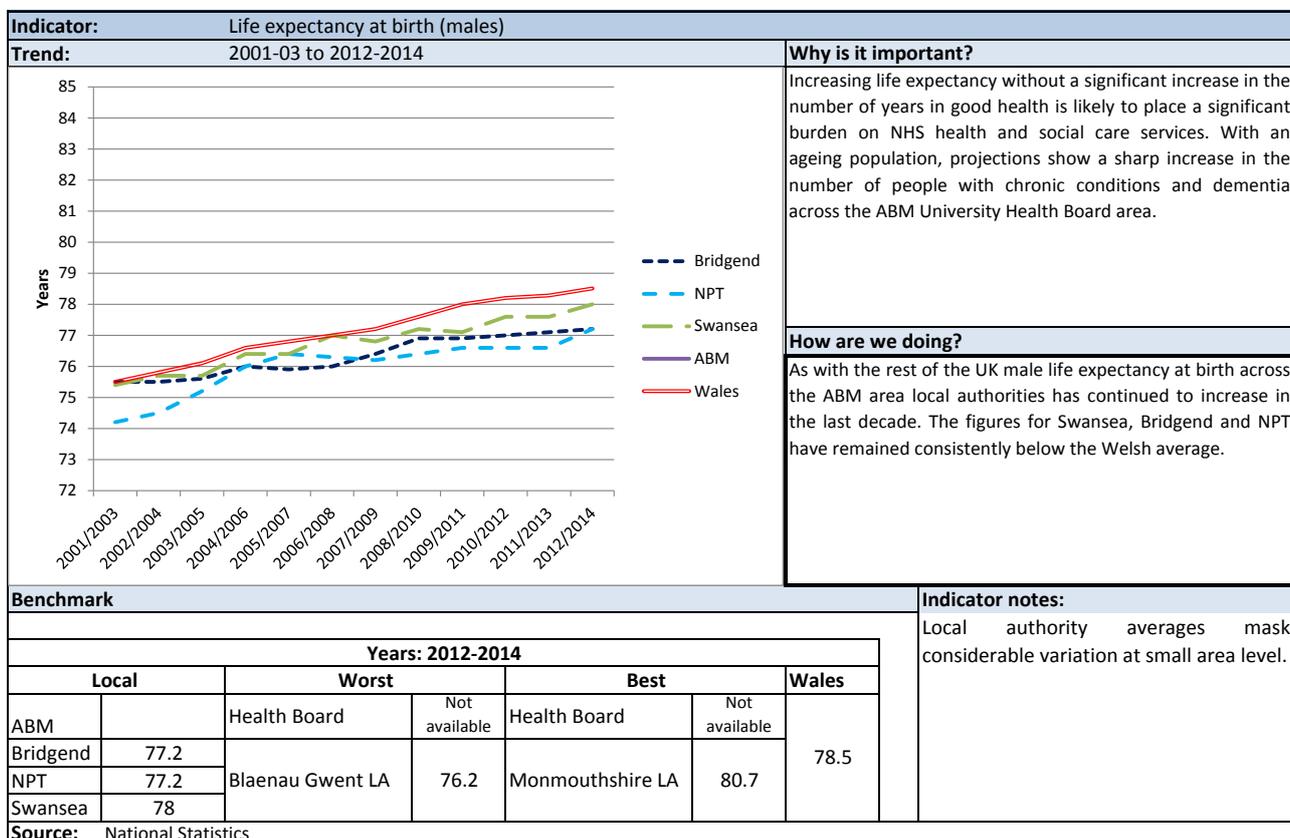
|                                       |  |  |
|---------------------------------------|--|--|
| WORSE than Welsh average              |  | NB: This is not based on statistical significance. |
| EQUAL TO OR BETTER than Welsh average |  |  |
| SAME as the Welsh average             |  |  |

| Indicator  | Indicator domain | Indicator  | Status |          |        |         |
|--|------------------|--|--------|----------|--------|---------|
|  |                  |  | ABM    | Bridgend | NPT    | Swansea |
| <b>Indicator Report Cards (06/16)</b>                            |                  |  |        |          |        |         |
| S1 (f)   | Life expectancy  | Life expectancy at birth (female)  |        | WORSE    | WORSE  | SAME    |
| S1 (m)   | Life expectancy  | Life expectancy at birth (male)  |        | WORSE    | WORSE  | WORSE   |
| S2 (f)   | Life expectancy  | Healthy life expectancy (female)   | WORSE  | WORSE    | WORSE  | BETTER  |
| S2 (m)   | Life expectancy  | Healthy life expectancy (male)   | WORSE  | WORSE    | WORSE  | BETTER  |
| S3 (f)   | Inequalities     | Slope index of inequality (female)   | WORSE  | WORSE    | WORSE  | BETTER  |
| S3 (m)   | Inequalities     | Slope index of inequality (male)   | WORSE  | WORSE    | BETTER | WORSE   |
| <b>Health improvement (health, wellbeing &amp; inequalities)</b> |                  |  |        |          |        |         |
| H11  | Obesity          | % of adults who are overweight or obese  | BETTER | BETTER   | WORSE  | BETTER  |
| H12  | Obesity          | % of adults who are obese  | WORSE  | BETTER   | WORSE  | BETTER  |
| H13  | Obesity          | % of children (age 4-5) who are overweight or obese                                      | WORSE  | BETTER   | WORSE  | BETTER  |
| H14  | Obesity          | Physical activity: % of adults meeting physical activity guidelines                      | WORSE  | WORSE    | WORSE  | BETTER  |
| H15  | Obesity          | Physical activity: Number of referral to NERS  |        |          |        |         |
| H16  | Obesity          | Healthy eating: % of adults eating 5+ fruit and vegetables                               | WORSE  | WORSE    | WORSE  | WORSE   |
| H17  | Obesity          | Breastfeeding: % of babies breastfed at birth  | BETTER |          |        |         |
| H18  | Smoking          | % of adults who currently smoke  | BETTER | BETTER   | WORSE  | BETTER  |
| H19  | Smoking          | % of smokers accessing smoking cessation services and % CO validated quitters at 4 weeks | BETTER |          |        |         |
| H110   | Smoking          | % of children aged 11-16 who smoke   | BETTER |          |        |         |
| H111   | Alcohol          | % of adults drinking above alcohol guidelines on at least one day per week               | WORSE  | BETTER   | BETTER | WORSE   |
| H112   | Alcohol          | % of adults binge drinking on at least one day per week                                  | WORSE  | WORSE    | BETTER | WORSE   |
| H113   | Sexual health    | Rate of teenage conceptions <18 per 1,000 population                                     | WORSE  | WORSE    | WORSE  | BETTER  |
| H114   | Inequalities     | Child poverty: % of children in households with less than 60% median income              |        | WORSE    | WORSE  | SAME    |
| H115   | Inequalities     | % 15 year olds achieving 5 GCSEs (A*-C)  |        | BETTER   | BETTER | BETTER  |
| H116   | Inequalities     | % working age people employed  |        | BETTER   | WORSE  | WORSE   |
| H117   | Oral health      | dmft age 5   | WORSE  | WORSE    | WORSE  | WORSE   |
| <b>Health protection</b>   |                  |  |        |          |        |         |
| HP1  | Vaccination      | Uptake of influenza vaccination: 65+   | WORSE  | BETTER   | WORSE  | WORSE   |
| HP2  | Vaccination      | Uptake of influenza vaccination: under 65 at risk  | WORSE  | WORSE    | WORSE  | WORSE   |
| HP3  | Vaccination      | Uptake of influenza vaccination: pregnant women  | BETTER |          |        |         |
| HP4  | Vaccination      | Uptake of influenza vaccination: healthcare workers                                      | BETTER |          |        |         |
| HP5  | Vaccination      | Vaccination of children to age 4: 5in 1 age 1  | BETTER | BETTER   | BETTER | BETTER  |
| HP6  | Vaccination      | Vaccination of children to age 4: Meningococcal Group C Vaccine                          | BETTER | BETTER   | BETTER | BETTER  |
| HP7  | Vaccination      | Vaccination of children to age 4: MMR 1 age 2  | WORSE  | BETTER   | WORSE  | WORSE   |
| HP8  | Vaccination      | Vaccination of children to age 4: PCV age 2  | BETTER | BETTER   | BETTER | WORSE   |
| HP9  | Vaccination      | Vaccination of children to age 4: Hib / Men C booster age 2                              | WORSE  | BETTER   | WORSE  | WORSE   |
| HP10   | Vaccination      | Vaccination of children : MMR 2 age 5  | BETTER | BETTER   | BETTER | BETTER  |
| HP11   | Vaccination      | Vaccination: uptake of scheduled vaccinations age 4                                      | BETTER | BETTER   | BETTER | BETTER  |
| <b>Health services</b>   |                  |  |        |          |        |         |
| HS1  | Morbidity        | Rate of emergency admissions for hip fractures aged 65+                                  | WORSE  | WORSE    | WORSE  | WORSE   |
| HS2  | Screening        | Breast screening: % eligible women screened  | BETTER | BETTER   | BETTER | BETTER  |
| HS3  | Morbidity        | % Low birth weight babies  | BETTER | BETTER   | BETTER | BETTER  |

## Report card: S1 (f) Life expectancy



## Report card: S1 (m) Life expectancy



## Report card: S2 (f) Healthy life expectancy

| Indicator:   |              | Healthy life expectancy at birth in years (females)  |                    |
|--|--------------|--|--------------------|
| Trend:   |              | 2001-05 to 2010-14   |                    |
|  |              | <b>Why is it important?</b><br>Healthy life expectancy represents the number of years a person can expect to live in good health. There are important socio-demographic differences in healthy life expectancy. Not only can people from more deprived populations expect to live shorter lives, but a greater proportion of their life will be in poor health.  |                    |
|  |              | <b>How are we doing?</b><br>There has been an increase in healthy life expectancy in Swansea between 2001-05 and 2010-2015 equating to 1.6 more years. In comparison, there has been a decrease in healthy life expectancy in Neath Port Talbot of 0.2 years in the same time period, as life expectancy at birth is increasing this indicates that more time will be spent in poorer health. Seventy-nine point five per cent of life expectancy of women is expected to be spent in good health in ABM area. |                    |
| <b>Benchmark</b>   |              | <b>Indicator notes:</b>  |                    |
|  |              | Healthy life expectancy is calculated using survey data on health in Wales and therefore may be affected by any survey sampling error.   |                    |
| <b>Years: 2010-2014</b>  |              |  |                    |
|  | <b>Local</b> | <b>Worst</b>   | <b>Best</b>        |
|  | ABM          | Cwm Taf HB   | Betsi Cadwaladr HB |
|  | Bridgend     |  |                    |
|  | NPT          | Blaenau Gwent LA   | Gwynedd LA         |
|  | Swansea      |  |                    |
|  |              |  | <b>Wales</b>       |
|  |              |  | 66.7               |
| <b>Source:</b> Public Health Wales Observatory: Measuring Inequalities Reports |              |  |                    |

## Report card: S2 (m) Healthy life expectancy

| Indicator:   |              | Healthy life expectancy at birth in years (males)   |                  |
|--|--------------|---|------------------|
| Trend:   |              | 2001-05 to 2010-2014  |                  |
|  |              | <b>Why is it important?</b><br>Healthy life expectancy represents the number of years a person can expect to live in good health. There are important socio-demographic differences in healthy life expectancy. Not only can people from more deprived populations expect to live shorter lives, but a greater proportion of their life will be in poor health. |                  |
|  |              | <b>How are we doing?</b><br>Consistent with Wales, there has been an increase in male healthy life expectancy across the ABM area local authorities. Across ABM this equates to 2.7 years between 2001-2005 and 2010-2014. Eighty-two point six per cent of life expectancy of men is expected to be spent in good health in ABM area.                          |                  |
| <b>Benchmark</b>   |              | <b>Indicator notes:</b>   |                  |
|  |              | Healthy life expectancy is calculated using survey data on health in Wales and therefore may be affected by any survey sampling error.  |                  |
| <b>Years: 2010-2014</b>  |              |   |                  |
|  | <b>Local</b> | <b>Worst</b>  | <b>Best</b>      |
|  | ABM          | Cwm Taf HB  | Powys HB         |
|  | Bridgend     |   |                  |
|  | NPT          | Blaenau Gwent LA  | Monmouthshire LA |
|  | Swansea      |   |                  |
|  |              |   | <b>Wales</b>     |
|  |              |   | 65.3             |
| <b>Source:</b> Public Health Wales Observatory: Measuring Inequalities Reports |              |   |                  |

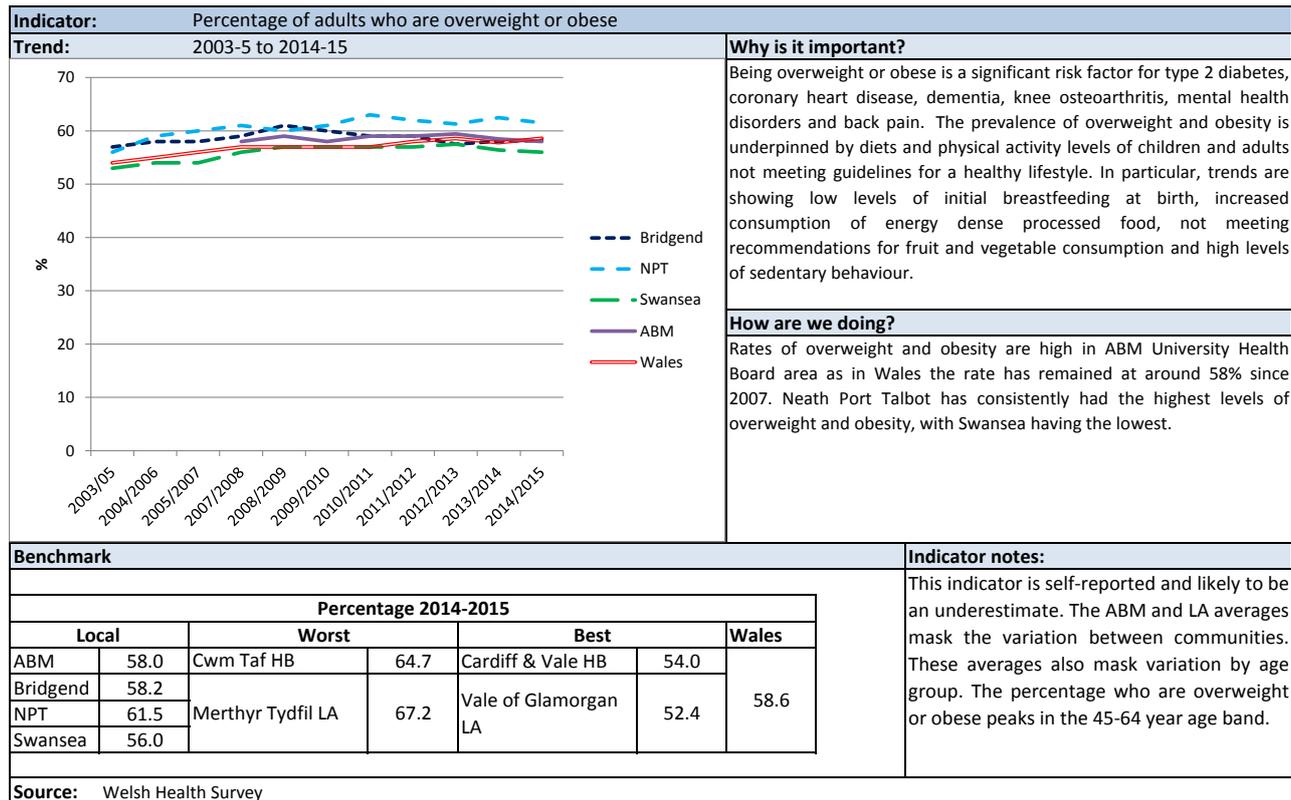
## Report card: S3 (f) Inequalities

| Indicator: Slope index of inequality (in years) - females   |     |                      |     |                     |     |       |  |       |  |       |  |      |  |       |     |     |                      |     |            |     |     |          |     |                      |     |                     |     |     |     |         |     |
|---|-----|----------------------|-----|---------------------|-----|-------|--|-------|--|-------|--|------|--|-------|-----|-----|----------------------|-----|------------|-----|-----|----------|-----|----------------------|-----|---------------------|-----|-----|-----|---------|-----|
| Trend: 2001-05 to 2010-14   |     |                      |     |                     |     |       |  |       |  |       |  |      |  |       |     |     |                      |     |            |     |     |          |     |                      |     |                     |     |     |     |         |     |
| <p>Darkest = 2010-2014<br/>Darker = 2005-2009<br/>Lighter = 2001-2005</p>   |     |                      |     |                     |     |       |  |       |  |       |  |      |  |       |     |     |                      |     |            |     |     |          |     |                      |     |                     |     |     |     |         |     |
| <p><b>Why is it important?</b></p> <p>Although life expectancy at birth is increasing and on average people are living longer in good health, this health gain is not equally distributed across the ABM University Health Board population. The life expectancy gap (slope index of inequality) between our least and most deprived communities reflects the way deprivation, poverty and the social determinants of health (e.g. housing and employment) affect the life chances of individuals and communities. These inequalities are unjust, unfair and unacceptable.</p>  |     |                      |     |                     |     |       |  |       |  |       |  |      |  |       |     |     |                      |     |            |     |     |          |     |                      |     |                     |     |     |     |         |     |
| <p><b>How are we doing?</b></p> <p>The female life expectancy gap between the most and least deprived areas has widened between 2001-2005 to 2010-2014 in Bridgend and Neath Port Talbot but reduced in Swansea. The ABM area female life-expectancy gap is considerably lower than the male life-expectancy gap in 2010-14 (female 7.6 years, male = 9.7 years).</p>   |     |                      |     |                     |     |       |  |       |  |       |  |      |  |       |     |     |                      |     |            |     |     |          |     |                      |     |                     |     |     |     |         |     |
| <p><b>Benchmark</b></p> <table border="1"> <thead> <tr> <th colspan="6">Years: 2010 - 2014</th> </tr> <tr> <th colspan="2">Local</th> <th colspan="2">Worst</th> <th colspan="2">Best</th> <th>Wales</th> </tr> </thead> <tbody> <tr> <td>ABM</td> <td>7.6</td> <td>Cardiff and Vale UHB</td> <td>9.2</td> <td>Cwm Taf HB</td> <td>3.7</td> <td rowspan="4">7.2</td> </tr> <tr> <td>Bridgend</td> <td>8.3</td> <td rowspan="3">Vale of Glamorgan LA</td> <td rowspan="3">9.5</td> <td rowspan="3">Isle of Anglesey LA</td> <td rowspan="3">1.2</td> </tr> <tr> <td>NPT</td> <td>7.4</td> </tr> <tr> <td>Swansea</td> <td>6.7</td> </tr> </tbody> </table> |     | Years: 2010 - 2014   |     |                     |     |       |  | Local |  | Worst |  | Best |  | Wales | ABM | 7.6 | Cardiff and Vale UHB | 9.2 | Cwm Taf HB | 3.7 | 7.2 | Bridgend | 8.3 | Vale of Glamorgan LA | 9.5 | Isle of Anglesey LA | 1.2 | NPT | 7.4 | Swansea | 6.7 |
| Years: 2010 - 2014  |     |                      |     |                     |     |       |  |       |  |       |  |      |  |       |     |     |                      |     |            |     |     |          |     |                      |     |                     |     |     |     |         |     |
| Local   |     | Worst                |     | Best                |     | Wales |  |       |  |       |  |      |  |       |     |     |                      |     |            |     |     |          |     |                      |     |                     |     |     |     |         |     |
| ABM   | 7.6 | Cardiff and Vale UHB | 9.2 | Cwm Taf HB          | 3.7 | 7.2   |  |       |  |       |  |      |  |       |     |     |                      |     |            |     |     |          |     |                      |     |                     |     |     |     |         |     |
| Bridgend  | 8.3 | Vale of Glamorgan LA | 9.5 | Isle of Anglesey LA | 1.2 |       |  |       |  |       |  |      |  |       |     |     |                      |     |            |     |     |          |     |                      |     |                     |     |     |     |         |     |
| NPT   | 7.4 |                      |     |                     |     |       |  |       |  |       |  |      |  |       |     |     |                      |     |            |     |     |          |     |                      |     |                     |     |     |     |         |     |
| Swansea   | 6.7 |                      |     |                     |     |       |  |       |  |       |  |      |  |       |     |     |                      |     |            |     |     |          |     |                      |     |                     |     |     |     |         |     |
| <p><b>Indicator notes:</b></p> <p>The slope Index of Inequality compares the difference in life expectancy at birth in years between the least and most deprived fifths taking into account the overall pattern of deprivation in a population. The smaller the slope index of inequality the better.</p>   |     |                      |     |                     |     |       |  |       |  |       |  |      |  |       |     |     |                      |     |            |     |     |          |     |                      |     |                     |     |     |     |         |     |
| <p><b>Source:</b> Public Health Wales Observatory: Measuring Inequalities Reports</p>   |     |                      |     |                     |     |       |  |       |  |       |  |      |  |       |     |     |                      |     |            |     |     |          |     |                      |     |                     |     |     |     |         |     |

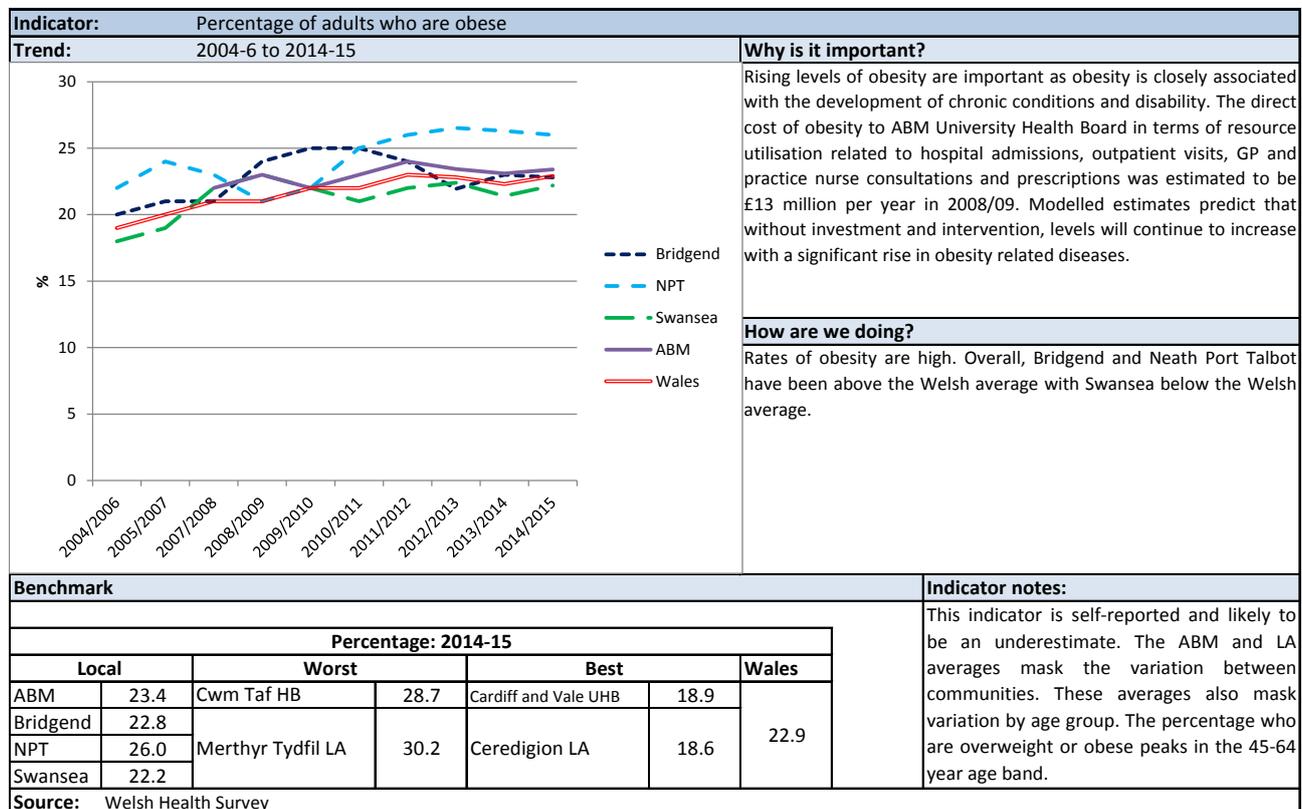
## Report card: S3 (m) Inequalities

| Indicator: Slope index of inequality (in years) - males   |     |                                   |      |               |     |       |  |       |  |       |  |      |  |       |     |     |                      |      |              |     |     |          |     |                                   |    |               |     |     |     |         |    |
|---|-----|-----------------------------------|------|---------------|-----|-------|--|-------|--|-------|--|------|--|-------|-----|-----|----------------------|------|--------------|-----|-----|----------|-----|-----------------------------------|----|---------------|-----|-----|-----|---------|----|
| Trend: 2001-05 to 2010-2014   |     |                                   |      |               |     |       |  |       |  |       |  |      |  |       |     |     |                      |      |              |     |     |          |     |                                   |    |               |     |     |     |         |    |
| <p>Darkest = 2010-2014<br/>Darker = 2005-2009<br/>Lighter = 2001-2005</p>   |     |                                   |      |               |     |       |  |       |  |       |  |      |  |       |     |     |                      |      |              |     |     |          |     |                                   |    |               |     |     |     |         |    |
| <p><b>Why is it important?</b></p> <p>Although life expectancy at birth is increasing and on average people are living longer in good health, this health gain is not equally distributed across the ABM University Health Board population. The life expectancy gap (slope index of inequality) between our least and most deprived communities reflects the way deprivation, poverty and the social determinants of health (e.g. housing and employment) affect the life chances of individuals and communities. These inequalities are unjust, unfair and unacceptable.</p>  |     |                                   |      |               |     |       |  |       |  |       |  |      |  |       |     |     |                      |      |              |     |     |          |     |                                   |    |               |     |     |     |         |    |
| <p><b>How are we doing?</b></p> <p>There is up to an 11-year gap in male life expectancy between the least and most deprived areas within Swansea. The slope index of inequality has reduced in Swansea and Neath Port Talbot but increased in Bridgend since 2005 - 2009. The ABM area male life-expectancy gap is considerably higher than the female life-expectancy gap in 2010-14 (male = 9.7 years, female 7.6 years).</p>  |     |                                   |      |               |     |       |  |       |  |       |  |      |  |       |     |     |                      |      |              |     |     |          |     |                                   |    |               |     |     |     |         |    |
| <p><b>Benchmark</b></p> <table border="1"> <thead> <tr> <th colspan="6">Years: 2010-2014</th> </tr> <tr> <th colspan="2">Local</th> <th colspan="2">Worst</th> <th colspan="2">Best</th> <th>Wales</th> </tr> </thead> <tbody> <tr> <td>ABM</td> <td>9.7</td> <td>Cardiff and Vale UHB</td> <td>10.3</td> <td>Hywel Dda HB</td> <td>4.8</td> <td rowspan="4">8.8</td> </tr> <tr> <td>Bridgend</td> <td>9.6</td> <td rowspan="3">Cardiff, Denbighshire, Swansea LA</td> <td rowspan="3">11</td> <td rowspan="3">Ceredigion LA</td> <td rowspan="3">3.1</td> </tr> <tr> <td>NPT</td> <td>6.2</td> </tr> <tr> <td>Swansea</td> <td>11</td> </tr> </tbody> </table> |     | Years: 2010-2014                  |      |               |     |       |  | Local |  | Worst |  | Best |  | Wales | ABM | 9.7 | Cardiff and Vale UHB | 10.3 | Hywel Dda HB | 4.8 | 8.8 | Bridgend | 9.6 | Cardiff, Denbighshire, Swansea LA | 11 | Ceredigion LA | 3.1 | NPT | 6.2 | Swansea | 11 |
| Years: 2010-2014  |     |                                   |      |               |     |       |  |       |  |       |  |      |  |       |     |     |                      |      |              |     |     |          |     |                                   |    |               |     |     |     |         |    |
| Local   |     | Worst                             |      | Best          |     | Wales |  |       |  |       |  |      |  |       |     |     |                      |      |              |     |     |          |     |                                   |    |               |     |     |     |         |    |
| ABM   | 9.7 | Cardiff and Vale UHB              | 10.3 | Hywel Dda HB  | 4.8 | 8.8   |  |       |  |       |  |      |  |       |     |     |                      |      |              |     |     |          |     |                                   |    |               |     |     |     |         |    |
| Bridgend  | 9.6 | Cardiff, Denbighshire, Swansea LA | 11   | Ceredigion LA | 3.1 |       |  |       |  |       |  |      |  |       |     |     |                      |      |              |     |     |          |     |                                   |    |               |     |     |     |         |    |
| NPT   | 6.2 |                                   |      |               |     |       |  |       |  |       |  |      |  |       |     |     |                      |      |              |     |     |          |     |                                   |    |               |     |     |     |         |    |
| Swansea   | 11  |                                   |      |               |     |       |  |       |  |       |  |      |  |       |     |     |                      |      |              |     |     |          |     |                                   |    |               |     |     |     |         |    |
| <p><b>Indicator notes:</b></p> <p>The slope Index of Inequality compares the difference in life expectancy at birth in years between the least and most deprived fifths taking into account the overall pattern of deprivation in a population. The smaller the slope index of inequality the better.</p>   |     |                                   |      |               |     |       |  |       |  |       |  |      |  |       |     |     |                      |      |              |     |     |          |     |                                   |    |               |     |     |     |         |    |
| <p><b>Source:</b> Public Health Wales Observatory: Measuring Inequalities Reports</p>   |     |                                   |      |               |     |       |  |       |  |       |  |      |  |       |     |     |                      |      |              |     |     |          |     |                                   |    |               |     |     |     |         |    |

## Report card: HI1 Obesity



## Report card: HI2 Obesity



## Report card: HI3 Obesity

| Indicator: Percentage of children (aged 4-5 years) who are overweight or obese  |  |                     |      |                      |      |       |      |       |  |       |  |      |  |       |     |      |            |      |                      |      |      |          |      |                   |    |                      |    |     |      |         |      |
|---|--|---------------------|------|----------------------|------|-------|------|-------|--|-------|--|------|--|-------|-----|------|------------|------|----------------------|------|------|----------|------|-------------------|----|----------------------|----|-----|------|---------|------|
| Trend: 2011-2012 to 2014-2015   | <b>Why is it important?</b><br>Being overweight or obese in childhood has consequences for health in the short term and the longer term. The emotional effects are often seen as the most immediate by children themselves. Although many of the serious physical health consequences are not seen until adulthood, some related conditions such as type 2 diabetes can develop during childhood and young adulthood. Overweight and obese children are more likely to become obese adult. Childhood obesity is largely preventable and early intervention is vital at this stage. |                     |      |                      |      |       |      |       |  |       |  |      |  |       |     |      |            |      |                      |      |      |          |      |                   |    |                      |    |     |      |         |      |
|   | <b>How are we doing?</b><br>ABMU HB had the fourth highest level of overweight or obese children at 26.7%. This was higher than Wales (26.5%). Over one in ten children (11.8%) in ABM University Health Board area are obese and this is higher than the Welsh average (11.6%). In Wales obesity levels in children aged 4-5 years increase with levels of deprivation, this data is not available at the HB level.   |                     |      |                      |      |       |      |       |  |       |  |      |  |       |     |      |            |      |                      |      |      |          |      |                   |    |                      |    |     |      |         |      |
| <b>Benchmark</b>  | <b>Indicator notes:</b><br>The Child Measurement Programme was implemented in reception year across Wales for the first time during the 2011/12 academic year. While prevalence of obesity appears to have fallen from 13.2% in 2011/12 to 12.0% in 2014/15, these figures should be treated with caution until the programme has been running longer. 92.8% of eligible children in the ABMU area participated in the programme.  |                     |      |                      |      |       |      |       |  |       |  |      |  |       |     |      |            |      |                      |      |      |          |      |                   |    |                      |    |     |      |         |      |
| <table border="1"> <thead> <tr> <th colspan="6">Percentage: 2014-15</th> </tr> <tr> <th colspan="2">Local</th> <th colspan="2">Worst</th> <th colspan="2">Best</th> <th rowspan="2">Wales</th> </tr> </thead> <tbody> <tr> <td>ABM</td> <td>26.7</td> <td>Cwm Taf HB</td> <td>28.4</td> <td>Cardiff and Vale UHB</td> <td>22.1</td> <td rowspan="4">26.5</td> </tr> <tr> <td>Bridgend</td> <td>25.2</td> <td rowspan="2">Merthyr Tydfil LA</td> <td rowspan="2">32</td> <td rowspan="2">Vale of Glamorgan LA</td> <td rowspan="2">21</td> </tr> <tr> <td>NPT</td> <td>28.6</td> </tr> <tr> <td>Swansea</td> <td>26.3</td> </tr> </tbody> </table> |  | Percentage: 2014-15 |      |                      |      |       |      | Local |  | Worst |  | Best |  | Wales | ABM | 26.7 | Cwm Taf HB | 28.4 | Cardiff and Vale UHB | 22.1 | 26.5 | Bridgend | 25.2 | Merthyr Tydfil LA | 32 | Vale of Glamorgan LA | 21 | NPT | 28.6 | Swansea | 26.3 |
| Percentage: 2014-15   |  |                     |      |                      |      |       |      |       |  |       |  |      |  |       |     |      |            |      |                      |      |      |          |      |                   |    |                      |    |     |      |         |      |
| Local   |  | Worst               |      | Best                 |      | Wales |      |       |  |       |  |      |  |       |     |      |            |      |                      |      |      |          |      |                   |    |                      |    |     |      |         |      |
| ABM   | 26.7   | Cwm Taf HB          | 28.4 | Cardiff and Vale UHB | 22.1 |       | 26.5 |       |  |       |  |      |  |       |     |      |            |      |                      |      |      |          |      |                   |    |                      |    |     |      |         |      |
| Bridgend  | 25.2   | Merthyr Tydfil LA   | 32   | Vale of Glamorgan LA | 21   |       |      |       |  |       |  |      |  |       |     |      |            |      |                      |      |      |          |      |                   |    |                      |    |     |      |         |      |
| NPT   | 28.6   |                     |      |                      |      |       |      |       |  |       |  |      |  |       |     |      |            |      |                      |      |      |          |      |                   |    |                      |    |     |      |         |      |
| Swansea   | 26.3   |                     |      |                      |      |       |      |       |  |       |  |      |  |       |     |      |            |      |                      |      |      |          |      |                   |    |                      |    |     |      |         |      |
| Source: Public Health Wales Child Measurement Programme, 2011-12, 2012-2013, 2014-2015  |  |                     |      |                      |      |       |      |       |  |       |  |      |  |       |     |      |            |      |                      |      |      |          |      |                   |    |                      |    |     |      |         |      |

## Report card: HI4 Obesity

| Indicator: Physical activity: percentage of adults meeting physical activity guidelines  |  |                  |      |               |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |                  |      |               |      |     |      |         |      |
|--|--|------------------|------|---------------|------|-------|------|-------|--|-------|--|------|--|-------|-----|------|------------|------|----------|------|------|----------|------|------------------|------|---------------|------|-----|------|---------|------|
| Trend: 2015  | <b>Why is it important?</b><br>Regular physical activity has many benefits to health, including mental health and well-being. People who are physically active have a reduced risk of developing major chronic diseases such as coronary heart disease, stroke, diabetes and some cancers and a 20-30% reduced risk of premature death. Evidence is emerging that not only increasing activity levels but reducing sedentary behaviour is important. It has been estimated that the cost of physical inactivity to Wales is about £650 million per year.                             |                  |      |               |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |                  |      |               |      |     |      |         |      |
|  | <b>How are we doing?</b><br>2015 is the first year that data has been collected against the latest guidance of at least 150 minutes in blocks of 10 minutes or more. ABM area is below the Welsh average. Bridgend has the lowest percentage of adults meeting physical activity guidelines of the three ABM local authorities. By comparison Swansea has a greater percentage of adults meeting physical activity guidelines compared to the Welsh average. Due to the introduction of this question it has a smaller sample size compared to other Welsh Health Survey Indicators. |                  |      |               |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |                  |      |               |      |     |      |         |      |
| <b>Benchmark</b>   | <b>Indicator notes:</b><br>This indicator is self-reported and likely to be an underestimate as it is influenced by the respondent's ability to accurately recall and assess their physical activity levels. The averages masks variation by age, gender and deprivation. The rate decreases with age. Men and the least deprived communities are more likely than women to meet the recommendations.  |                  |      |               |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |                  |      |               |      |     |      |         |      |
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| Percentage: 2015   |  |                  |      |               |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |                  |      |               |      |     |      |         |      |
| Local  |  | Worst            |      | Best          |      | Wales |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |                  |      |               |      |     |      |         |      |
| ABM  | 56.6   | Cwm Taf HB       | 52.0 | Betsi HB      | 60.8 |       | 58.3 |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |                  |      |               |      |     |      |         |      |
| Bridgend   | 52.4   | Blaenau Gwent LA | 50.7 | Ceredigion LA | 65.8 |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |                  |      |               |      |     |      |         |      |
| NPT  | 55.3   |                  |      |               |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |                  |      |               |      |     |      |         |      |
| Swansea  | 59.8   |                  |      |               |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |                  |      |               |      |     |      |         |      |
| Source: Welsh Health Survey  |  |                  |      |               |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |                  |      |               |      |     |      |         |      |

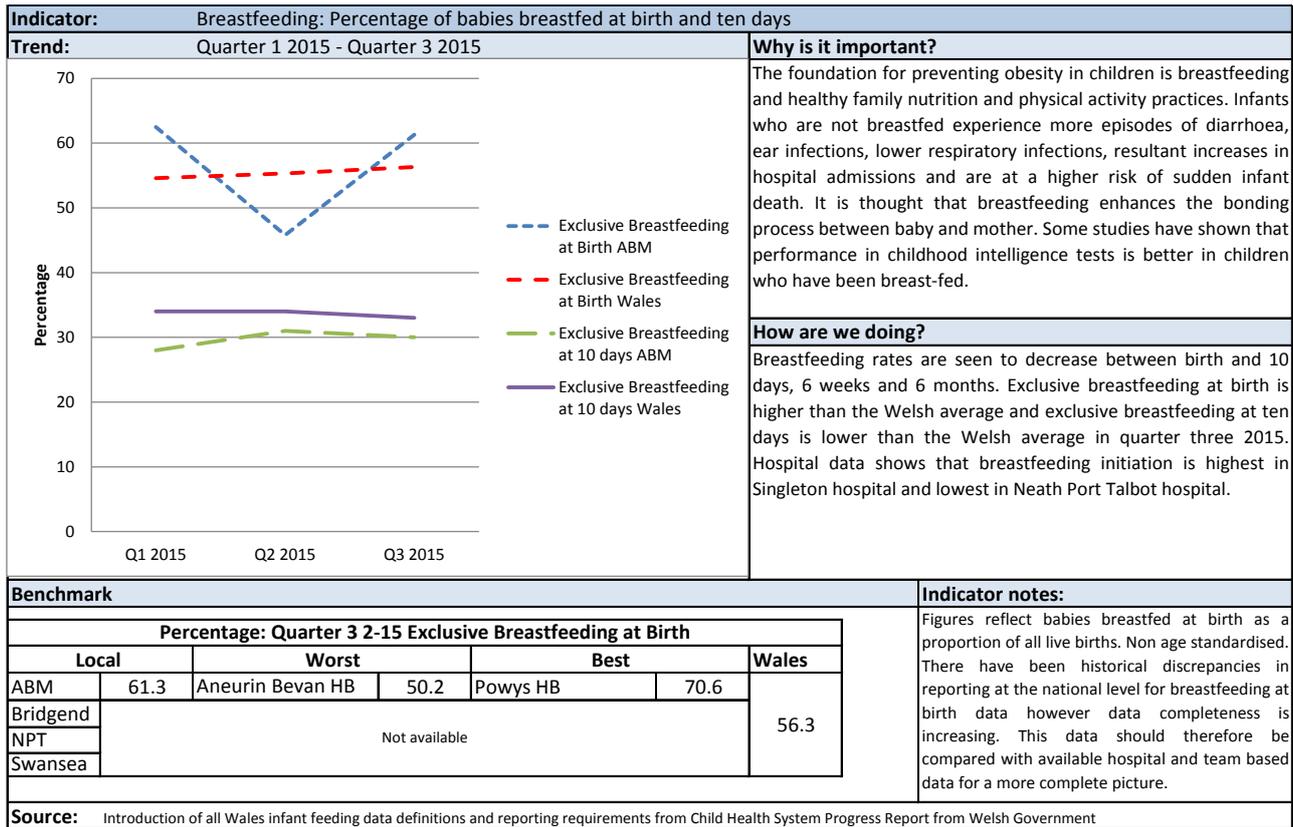
## Report card: HI5 Obesity

| Indicator: Number of referrals to NERS   |       | Why is it important?  |                |      |       |     |     |                |                |          |     |                |                |     |     |                |                |         |     |                |                |  |
|--|-------|---|----------------|------|-------|-----|-----|----------------|----------------|----------|-----|----------------|----------------|-----|-----|----------------|----------------|---------|-----|----------------|----------------|--|
| Trend: Quarter 1 2011-12 to Quarter 4 2015-16  |       | <p>The National Exercise on Referral Scheme (NERS) aims to increase long term participation in physical activity of clients who have a chronic disease or are at risk of developing chronic disease. Physical activity and exercise are considered principal interventions for use in primary and secondary prevention of chronic diseases. A randomised controlled trial found that all participants in NERS had higher levels of physical activity than the control group at 12 months, with this difference being significant for patients referred for coronary heart disease risk factors.</p> |                |      |       |     |     |                |                |          |     |                |                |     |     |                |                |         |     |                |                |  |
|  |       |   |                |      |       |     |     |                |                |          |     |                |                |     |     |                |                |         |     |                |                |  |
| Benchmark  |       | How are we doing?   |                |      |       |     |     |                |                |          |     |                |                |     |     |                |                |         |     |                |                |  |
| <p>Number of referrals to NERS: Quarter 4 2015-16</p> <table border="1"> <thead> <tr> <th>Local</th> <th>Worst</th> <th>Best</th> <th>Wales</th> </tr> </thead> <tbody> <tr> <td>ABM</td> <td>976</td> <td>Not applicable</td> <td>Not applicable</td> </tr> <tr> <td>Bridgend</td> <td>429</td> <td>Not applicable</td> <td>Not applicable</td> </tr> <tr> <td>NPT</td> <td>128</td> <td>Not applicable</td> <td>Not applicable</td> </tr> <tr> <td>Swansea</td> <td>419</td> <td>Not applicable</td> <td>Not applicable</td> </tr> </tbody> </table> |       | Local   | Worst          | Best | Wales | ABM | 976 | Not applicable | Not applicable | Bridgend | 429 | Not applicable | Not applicable | NPT | 128 | Not applicable | Not applicable | Swansea | 419 | Not applicable | Not applicable | <p>Comparing the number of referrals between areas in Wales without looking at the targeted number of referrals is not helpful due to different staffing levels which is historical.</p> |
| Local  | Worst | Best  | Wales          |      |       |     |     |                |                |          |     |                |                |     |     |                |                |         |     |                |                |  |
| ABM  | 976   | Not applicable  | Not applicable |      |       |     |     |                |                |          |     |                |                |     |     |                |                |         |     |                |                |  |
| Bridgend   | 429   | Not applicable  | Not applicable |      |       |     |     |                |                |          |     |                |                |     |     |                |                |         |     |                |                |  |
| NPT  | 128   | Not applicable  | Not applicable |      |       |     |     |                |                |          |     |                |                |     |     |                |                |         |     |                |                |  |
| Swansea  | 419   | Not applicable  | Not applicable |      |       |     |     |                |                |          |     |                |                |     |     |                |                |         |     |                |                |  |
| Source: NERS monitoring database   |       |   |                |      |       |     |     |                |                |          |     |                |                |     |     |                |                |         |     |                |                |  |

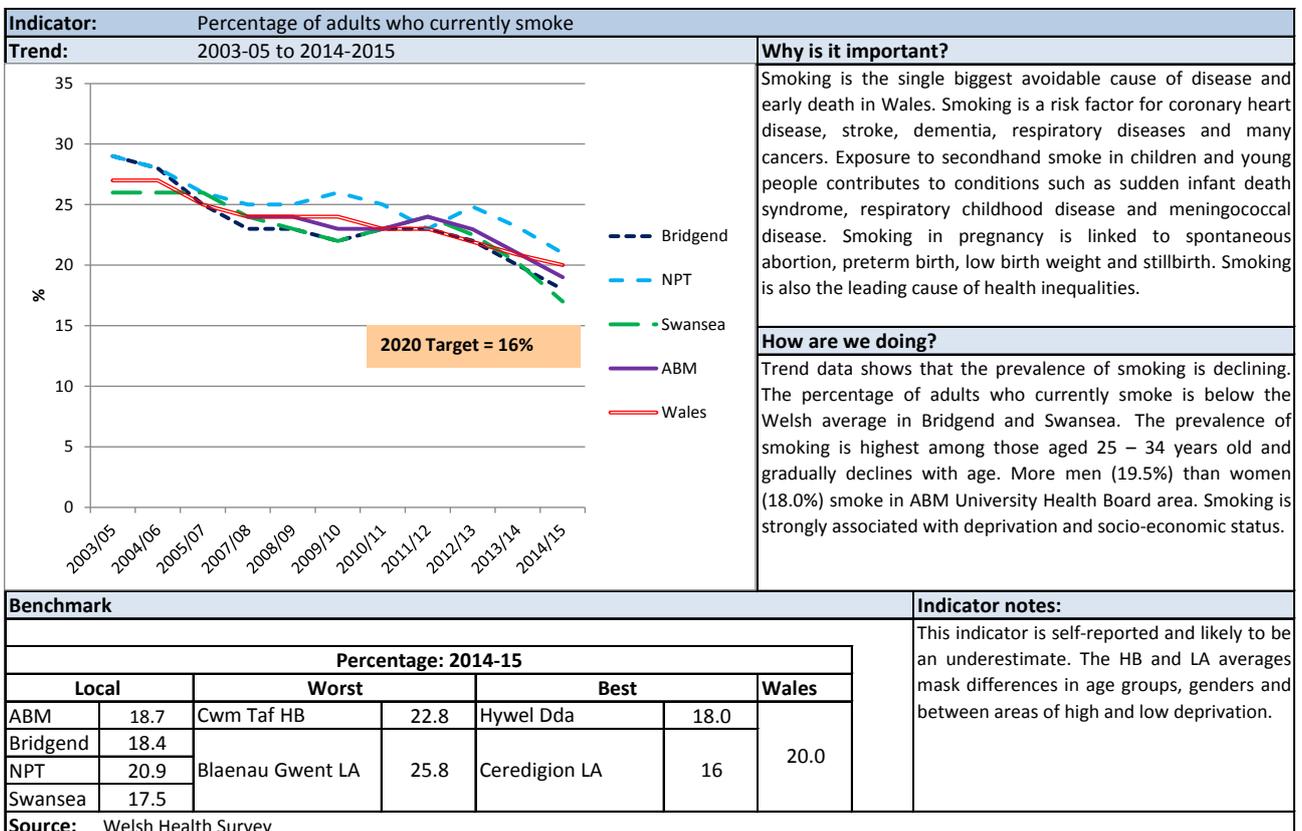
## Report card: HI6 Obesity

| Indicator: Healthy Eating: percentage of adults eating 5+ portions of fruit and vegetables  |       | Why is it important?  |       |      |       |     |      |      |      |          |      |      |      |     |      |      |      |         |      |      |      |  |
|---|-------|---|-------|------|-------|-----|------|------|------|----------|------|------|------|-----|------|------|------|---------|------|------|------|--|
| Trend: 2003-05 to 2014-2015   |       | <p>THIS indicator is often used as a proxy for measuring a healthy diet. There is good evidence that a diet rich in fruits and vegetables as part of a well balanced healthy diet can lower the risk of heart disease, stroke and keep eyes healthy. Specific components in fruit and vegetables have been shown to be protective against some cancers. The World Health Organization recommends eating a minimum of 400g of fruit and vegetables a day for the prevention of chronic diseases. This recommendation has been converted into the at least five different portions of fruit and vegetables per day message.</p> |       |      |       |     |      |      |      |          |      |      |      |     |      |      |      |         |      |      |      |  |
|   |       |   |       |      |       |     |      |      |      |          |      |      |      |     |      |      |      |         |      |      |      |  |
| Benchmark   |       | How are we doing?   |       |      |       |     |      |      |      |          |      |      |      |     |      |      |      |         |      |      |      |  |
| <p>Percentage: 2014-15</p> <table border="1"> <thead> <tr> <th>Local</th> <th>Worst</th> <th>Best</th> <th>Wales</th> </tr> </thead> <tbody> <tr> <td>ABM</td> <td>29.4</td> <td>28.0</td> <td>35.7</td> </tr> <tr> <td>Bridgend</td> <td>30.2</td> <td>26.2</td> <td>39.1</td> </tr> <tr> <td>NPT</td> <td>26.9</td> <td>26.2</td> <td>39.1</td> </tr> <tr> <td>Swansea</td> <td>30.4</td> <td>26.2</td> <td>39.1</td> </tr> </tbody> </table> |       | Local   | Worst | Best | Wales | ABM | 29.4 | 28.0 | 35.7 | Bridgend | 30.2 | 26.2 | 39.1 | NPT | 26.9 | 26.2 | 39.1 | Swansea | 30.4 | 26.2 | 39.1 | <p>Overall there has been a downward trend in the percentage of adults eating 5+ portions of fruit and vegetables in the ABM University Health Board area as in Wales. The rates in ABM area and each local authority is lower than the Welsh average. The county of Neath Port Talbot has the third lowest estimated percentage of adults consuming the recommended levels of fruit and vegetables per day out of all the local authorities in Wales.</p> |
| Local   | Worst | Best  | Wales |      |       |     |      |      |      |          |      |      |      |     |      |      |      |         |      |      |      |  |
| ABM   | 29.4  | 28.0  | 35.7  |      |       |     |      |      |      |          |      |      |      |     |      |      |      |         |      |      |      |  |
| Bridgend  | 30.2  | 26.2  | 39.1  |      |       |     |      |      |      |          |      |      |      |     |      |      |      |         |      |      |      |  |
| NPT   | 26.9  | 26.2  | 39.1  |      |       |     |      |      |      |          |      |      |      |     |      |      |      |         |      |      |      |  |
| Swansea   | 30.4  | 26.2  | 39.1  |      |       |     |      |      |      |          |      |      |      |     |      |      |      |         |      |      |      |  |
| Source: Welsh Health Survey   |       | <p>This indicator is self-reported and likely to be an underestimate as it is influenced by the respondent's ability to accurately recall diet and portion size. Averages mask variation between the most deprived and least deprived communities.</p>  |       |      |       |     |      |      |      |          |      |      |      |     |      |      |      |         |      |      |      |  |

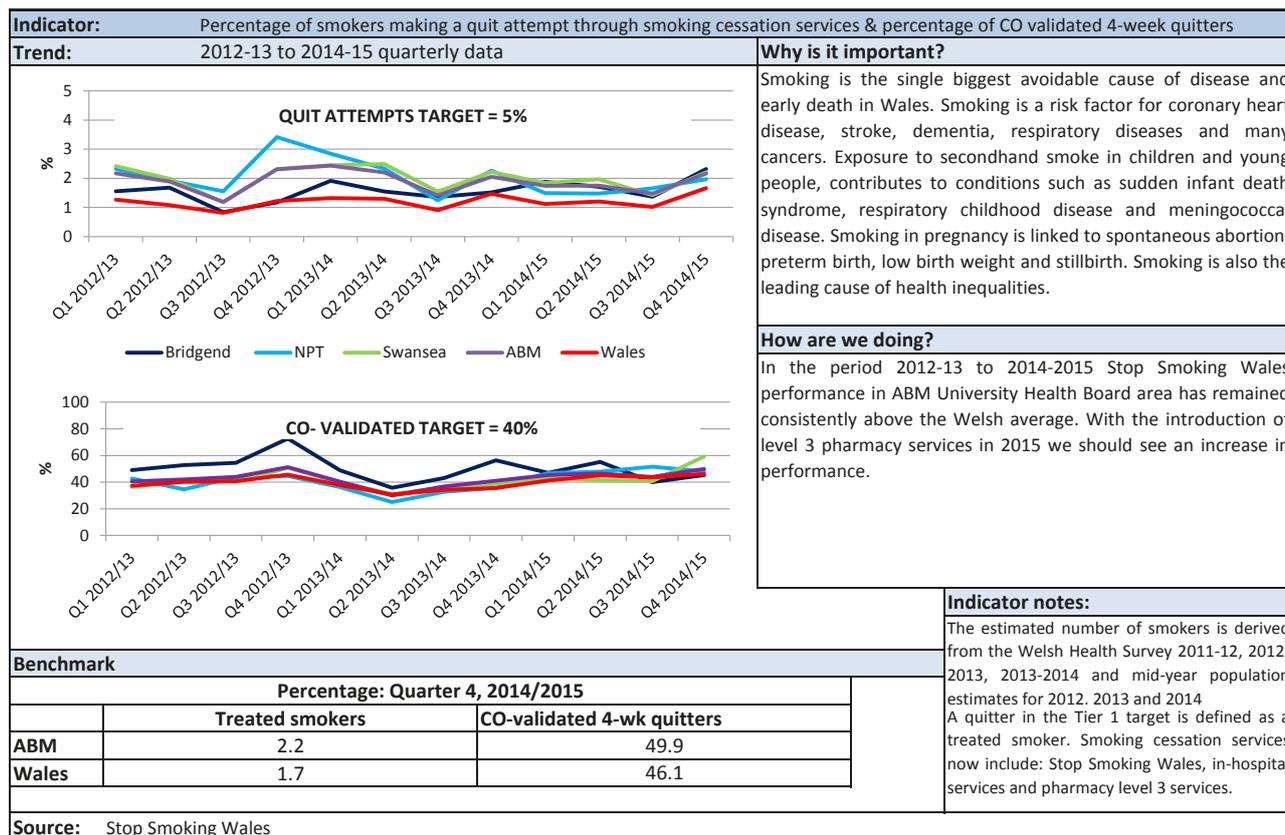
## Report card: HI7 Obesity



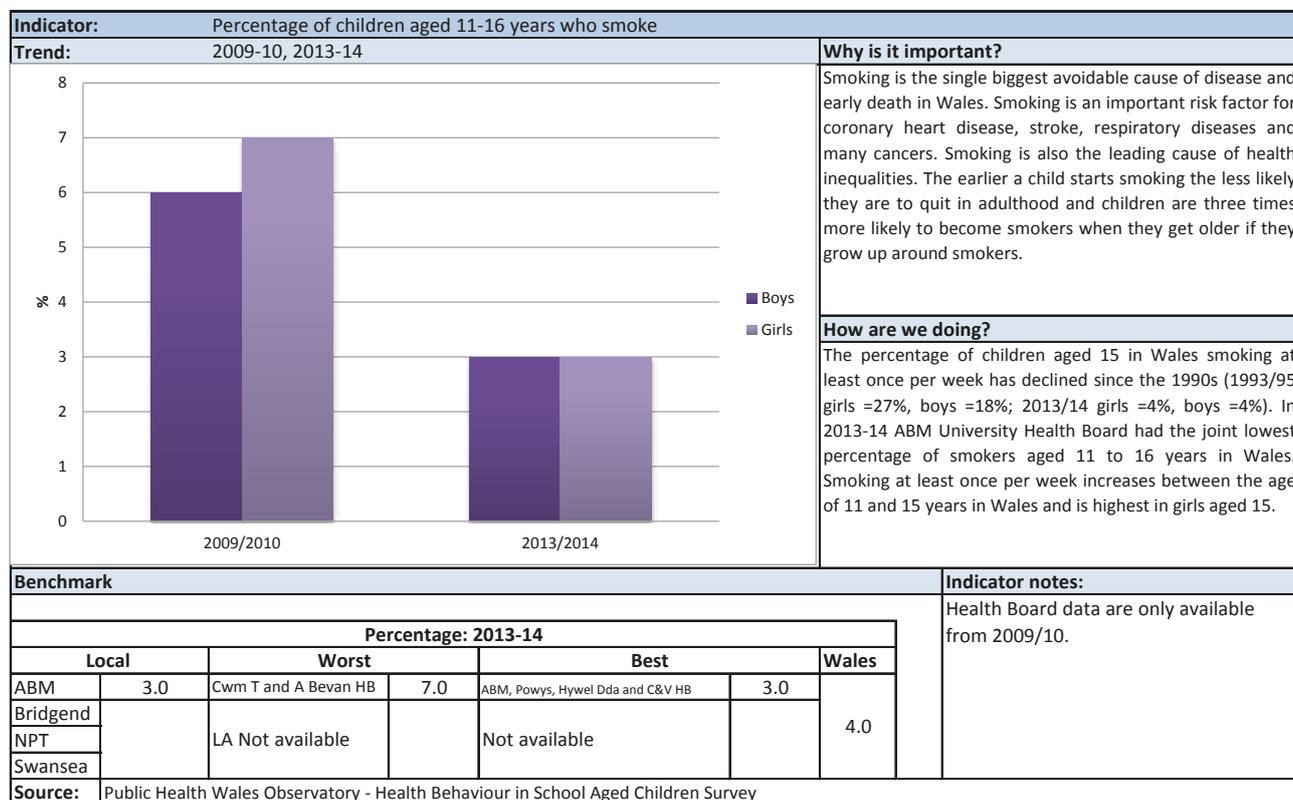
## Report card: HI8 Smoking



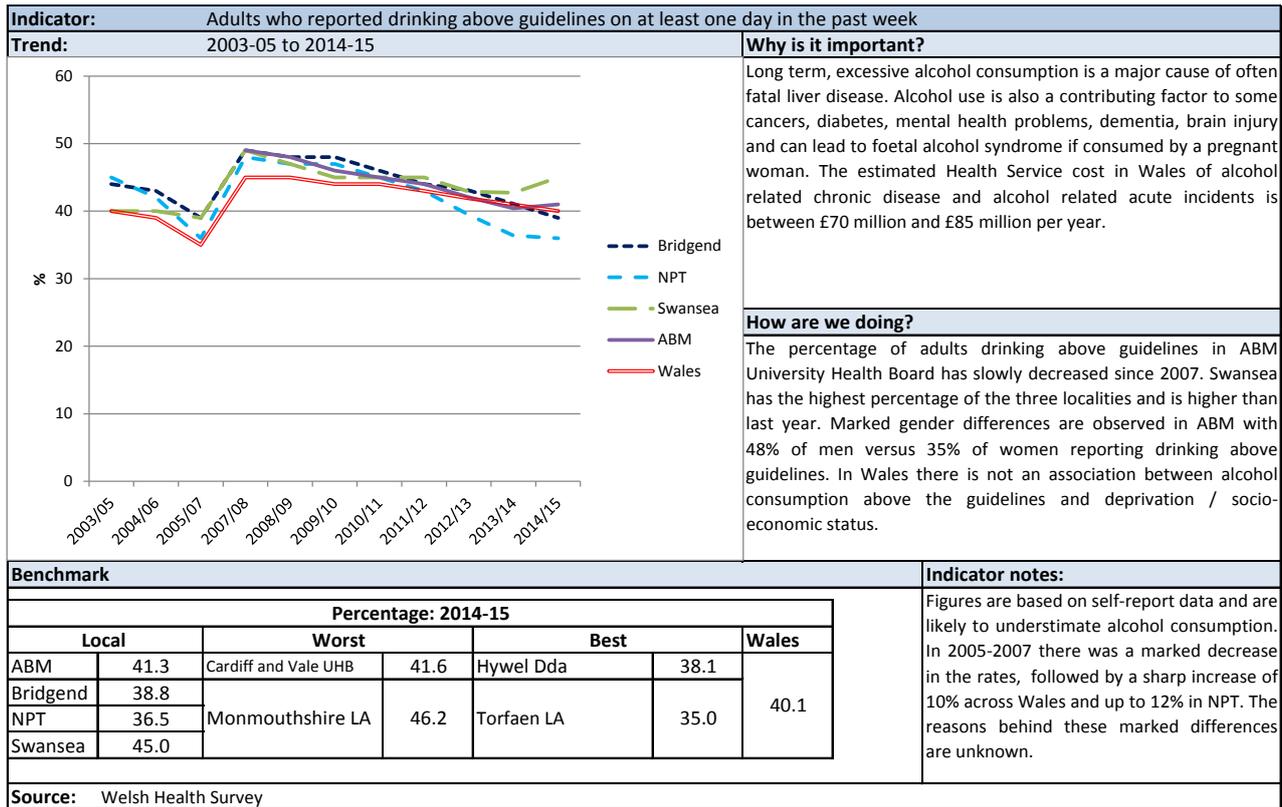
## Report card: HI9 Smoking



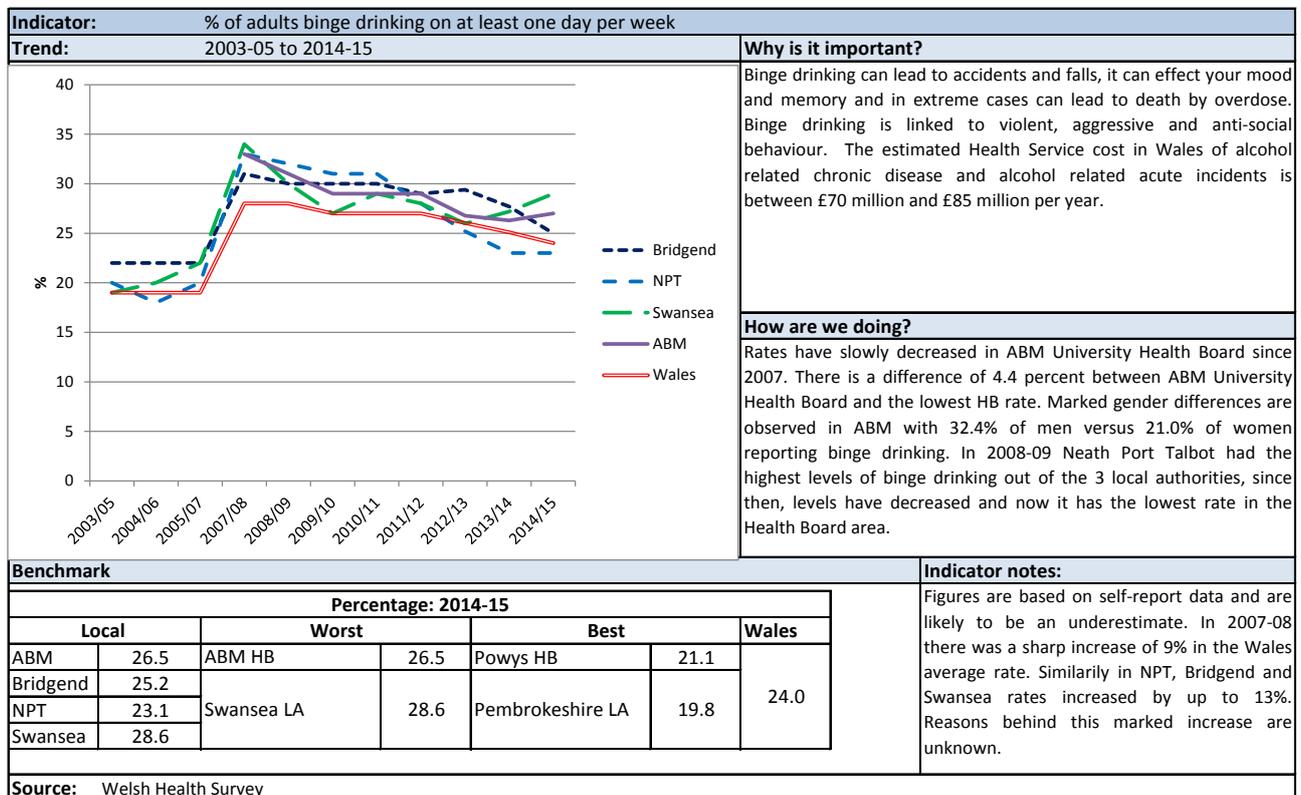
## Report card: HI10 Smoking



## Report card: HI11 Alcohol



## Report card: HI12 Alcohol



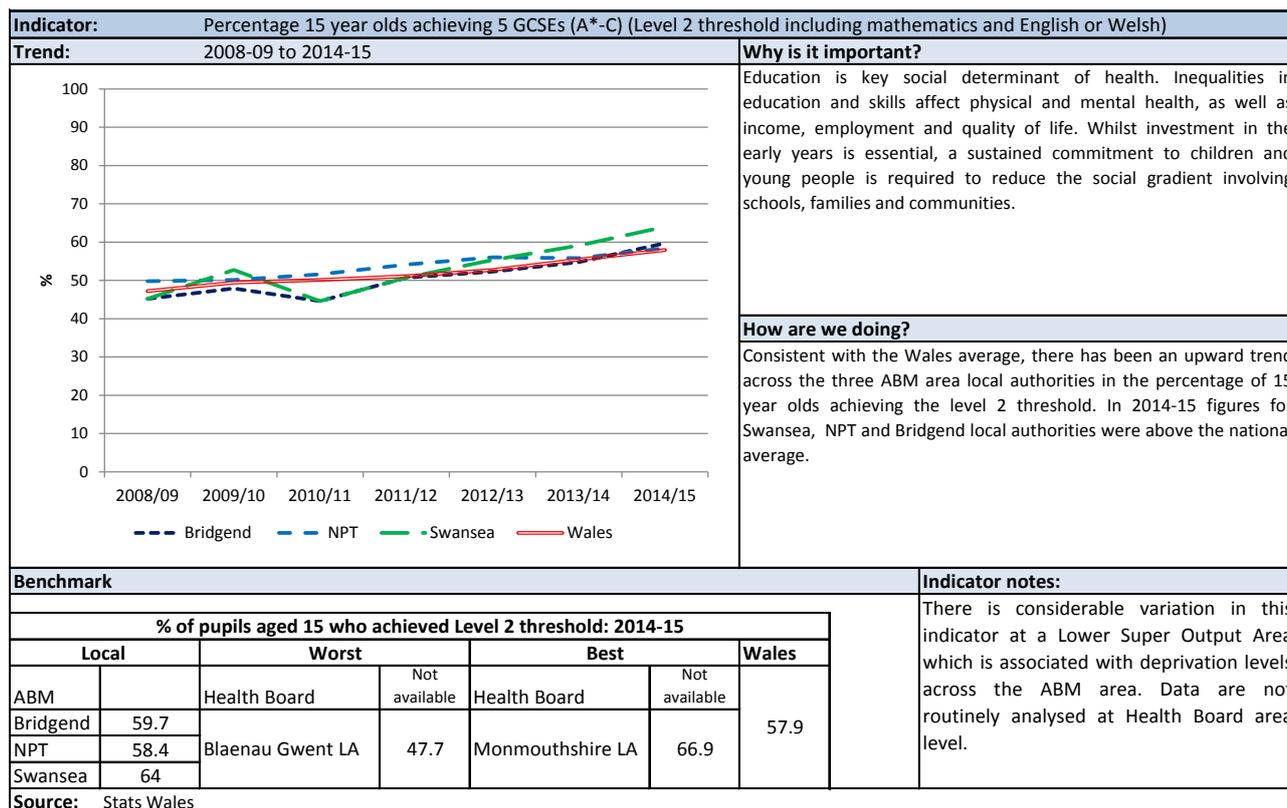
## Report card: HI13 Sexual health

| <b>Indicator:</b> Rate of teenage conceptions under 18 (15-17 yrs) per 1000 women  |   |  |      |                  |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |             |      |                  |      |     |      |         |      |
|--|---|--|------|------------------|------|-------|------|-------|--|-------|--|------|--|-------|-----|------|------------|------|----------|------|------|----------|------|-------------|------|------------------|------|-----|------|---------|------|
| <b>Trend:</b> 2008-2014  | <b>Why is it important?</b>   |  |      |                  |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |             |      |                  |      |     |      |         |      |
|  | <p>Conception statistics are derived by combining information on births and legal abortions. Teenage pregnancy is more often associated with poor health and social outcomes for both mother and the child. Teenage mothers are more likely to smoke throughout their pregnancy, less likely to breast feed and less likely to complete their education. Children born to teenage parents are more likely to live in poverty and become teenage parents themselves. Teenage conception represents avoidable burden on the individual, the NHS and wider welfare support services.</p> |  |      |                  |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |             |      |                  |      |     |      |         |      |
| <b>How are we doing?</b>   |   |  |      |                  |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |             |      |                  |      |     |      |         |      |
| <p>Teenage conception rates in Wales and England have generally been falling over recent years. In 2014 Bridgend Local Authority had the highest under 18 conception rate (32.1) of all local authorities in Wales. Swansea had the lowest under 18 conception rate within the Health Board area, 21.7 (per 1000 women) which is below the Welsh rate of 25.4.</p>   |   |  |      |                  |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |             |      |                  |      |     |      |         |      |
| <b>Benchmark</b>   |   |  |      |                  |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |             |      |                  |      |     |      |         |      |
| <table border="1"> <thead> <tr> <th colspan="6">Rate per 1000 women under 18 years (15-17 years): 2014</th> </tr> <tr> <th colspan="2">Local</th> <th colspan="2">Worst</th> <th colspan="2">Best</th> <th rowspan="2">Wales</th> </tr> </thead> <tbody> <tr> <td>ABM</td> <td>26.2</td> <td>Cwm Taf HB</td> <td>30.7</td> <td>Powys HB</td> <td>21.2</td> <td rowspan="4">25.4</td> </tr> <tr> <td>Bridgend</td> <td>32.1</td> <td rowspan="3">Bridgend LA</td> <td rowspan="3">32.1</td> <td rowspan="3">Monmouthshire LA</td> <td rowspan="3">14.2</td> </tr> <tr> <td>NPT</td> <td>27.3</td> </tr> <tr> <td>Swansea</td> <td>21.7</td> </tr> </tbody> </table> |   | Rate per 1000 women under 18 years (15-17 years): 2014 |      |                  |      |       |      | Local |  | Worst |  | Best |  | Wales | ABM | 26.2 | Cwm Taf HB | 30.7 | Powys HB | 21.2 | 25.4 | Bridgend | 32.1 | Bridgend LA | 32.1 | Monmouthshire LA | 14.2 | NPT | 27.3 | Swansea | 21.7 |
| Rate per 1000 women under 18 years (15-17 years): 2014   |   |  |      |                  |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |             |      |                  |      |     |      |         |      |
| Local  |   | Worst  |      | Best             |      | Wales |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |             |      |                  |      |     |      |         |      |
| ABM  | 26.2  | Cwm Taf HB   | 30.7 | Powys HB         | 21.2 |       | 25.4 |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |             |      |                  |      |     |      |         |      |
| Bridgend   | 32.1  | Bridgend LA  | 32.1 | Monmouthshire LA | 14.2 |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |             |      |                  |      |     |      |         |      |
| NPT  | 27.3  |  |      |                  |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |             |      |                  |      |     |      |         |      |
| Swansea  | 21.7  |  |      |                  |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |             |      |                  |      |     |      |         |      |
| <b>Indicator notes:</b>  |   |  |      |                  |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |             |      |                  |      |     |      |         |      |
| <p>ABM University Health Board level data available from 2009. The rates mask significant variation in under 18 conceptions between poor and affluent communities.</p>   |   |  |      |                  |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |             |      |                  |      |     |      |         |      |
| <b>Source:</b> Stats Wales   |   |  |      |                  |      |       |      |       |  |       |  |      |  |       |     |      |            |      |          |      |      |          |      |             |      |                  |      |     |      |         |      |

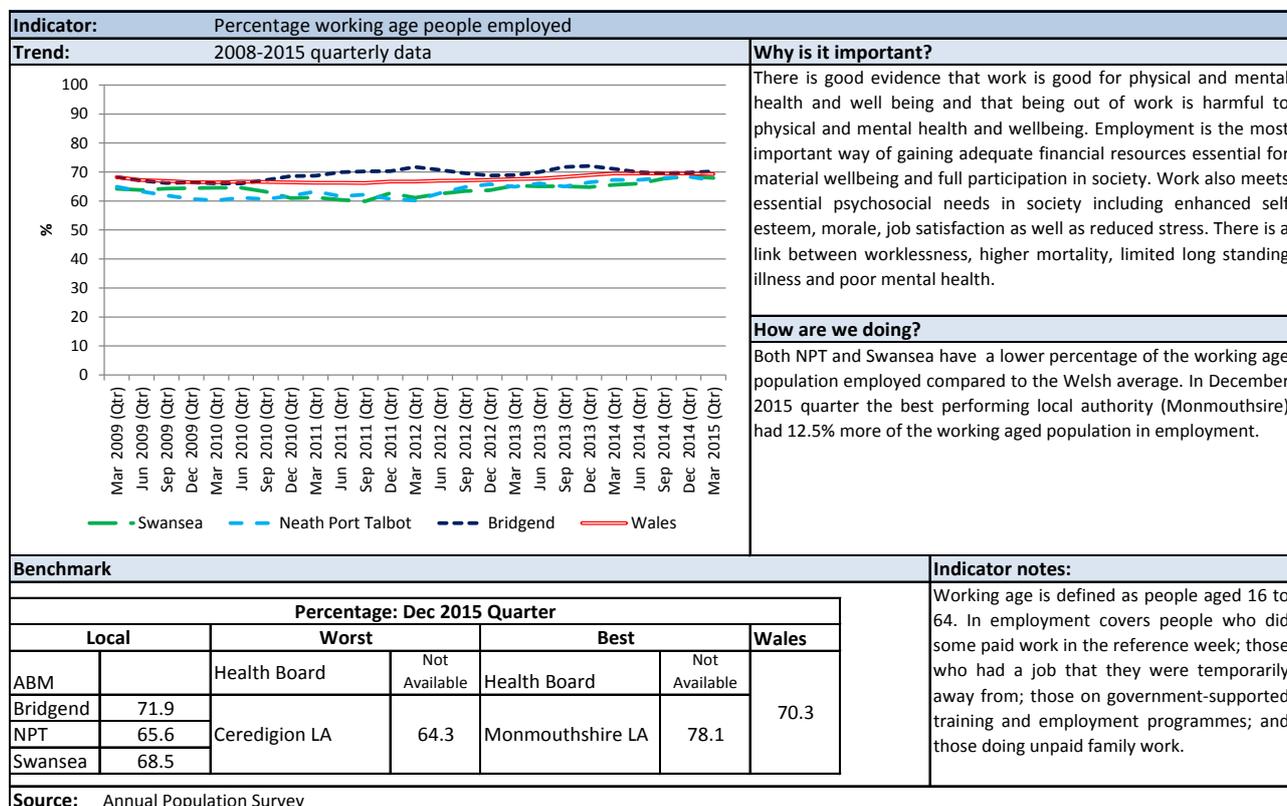
## Report card: HI14 Inequalities

| <b>Indicator:</b> Child poverty: % of children in households with less than 60% median income   |   |                   |      |                  |    |       |      |       |  |       |  |      |  |       |     |               |                  |      |                  |    |      |          |      |     |      |         |      |
|---|---|-------------------|------|------------------|----|-------|------|-------|--|-------|--|------|--|-------|-----|---------------|------------------|------|------------------|----|------|----------|------|-----|------|---------|------|
| <b>Trend:</b>   | <b>Why is it important?</b>   |                   |      |                  |    |       |      |       |  |       |  |      |  |       |     |               |                  |      |                  |    |      |          |      |     |      |         |      |
|   | <p>Poverty and social inequalities in childhood have profound effects on the health of children and their impact on health continues throughout the lifecourse into late adulthood. Children in poverty are more susceptible to acute illnesses, more likely to suffer disability, chronic illness and are more likely to be admitted to hospital during childhood. Poor children are more likely to experience mental health problems and the consequences of parenting failure associated with chronic stress, debt and depression, induced by economic disadvantage.</p> |                   |      |                  |    |       |      |       |  |       |  |      |  |       |     |               |                  |      |                  |    |      |          |      |     |      |         |      |
| <b>How are we doing?</b>  |   |                   |      |                  |    |       |      |       |  |       |  |      |  |       |     |               |                  |      |                  |    |      |          |      |     |      |         |      |
| <p>Swansea, Neath Port Talbot and Bridgend all have a greater percentage of children in households with less than 60% median income compared to the Welsh average. Swansea has seen the largest reduction between 2009 and 2012 (3.6%) and is in line with the Welsh average. In 2013, the three local authorities and Wales were higher than the average for England (18.0%) and Scotland (17.2%). The percentage for Neath Port Talbot was almost double that of the best performing Welsh Local Authority.</p>   |   |                   |      |                  |    |       |      |       |  |       |  |      |  |       |     |               |                  |      |                  |    |      |          |      |     |      |         |      |
| <b>Benchmark</b>  |   |                   |      |                  |    |       |      |       |  |       |  |      |  |       |     |               |                  |      |                  |    |      |          |      |     |      |         |      |
| <table border="1"> <thead> <tr> <th colspan="6">Percentage (2013)</th> </tr> <tr> <th colspan="2">Local</th> <th colspan="2">Worst</th> <th colspan="2">Best</th> <th rowspan="2">Wales</th> </tr> </thead> <tbody> <tr> <td>ABM</td> <td>Not available</td> <td rowspan="4">Blaenau Gwent LA</td> <td rowspan="4">28.4</td> <td rowspan="4">Monmouthshire LA</td> <td rowspan="4">12</td> <td rowspan="4">20.5</td> </tr> <tr> <td>Bridgend</td> <td>22.4</td> </tr> <tr> <td>NPT</td> <td>23.5</td> </tr> <tr> <td>Swansea</td> <td>20.5</td> </tr> </tbody> </table> |   | Percentage (2013) |      |                  |    |       |      | Local |  | Worst |  | Best |  | Wales | ABM | Not available | Blaenau Gwent LA | 28.4 | Monmouthshire LA | 12 | 20.5 | Bridgend | 22.4 | NPT | 23.5 | Swansea | 20.5 |
| Percentage (2013)   |   |                   |      |                  |    |       |      |       |  |       |  |      |  |       |     |               |                  |      |                  |    |      |          |      |     |      |         |      |
| Local   |   | Worst             |      | Best             |    | Wales |      |       |  |       |  |      |  |       |     |               |                  |      |                  |    |      |          |      |     |      |         |      |
| ABM   | Not available   | Blaenau Gwent LA  | 28.4 | Monmouthshire LA | 12 |       | 20.5 |       |  |       |  |      |  |       |     |               |                  |      |                  |    |      |          |      |     |      |         |      |
| Bridgend  | 22.4  |                   |      |                  |    |       |      |       |  |       |  |      |  |       |     |               |                  |      |                  |    |      |          |      |     |      |         |      |
| NPT   | 23.5  |                   |      |                  |    |       |      |       |  |       |  |      |  |       |     |               |                  |      |                  |    |      |          |      |     |      |         |      |
| Swansea   | 20.5  |                   |      |                  |    |       |      |       |  |       |  |      |  |       |     |               |                  |      |                  |    |      |          |      |     |      |         |      |
| <b>Indicator notes:</b>   |   |                   |      |                  |    |       |      |       |  |       |  |      |  |       |     |               |                  |      |                  |    |      |          |      |     |      |         |      |
| <p>The indicator is the percentage of children and young people aged 20 and under in households in receipt of child tax credit with less than 60% median income, divided by the number of children and young people in an area. It is used as a broad proxy for relative low income as set out in the Child Poverty Act 2010. An indicator for the under 16s is also available. This is from an annual snapshot on 31st August.</p>   |   |                   |      |                  |    |       |      |       |  |       |  |      |  |       |     |               |                  |      |                  |    |      |          |      |     |      |         |      |
| <b>Source:</b> HMRC, Personal Tax Credits related statistics Children in Low Income Families Local Measure  |   |                   |      |                  |    |       |      |       |  |       |  |      |  |       |     |               |                  |      |                  |    |      |          |      |     |      |         |      |

## Report card: HI15 Inequalities



## Report card: HI16 Inequalities



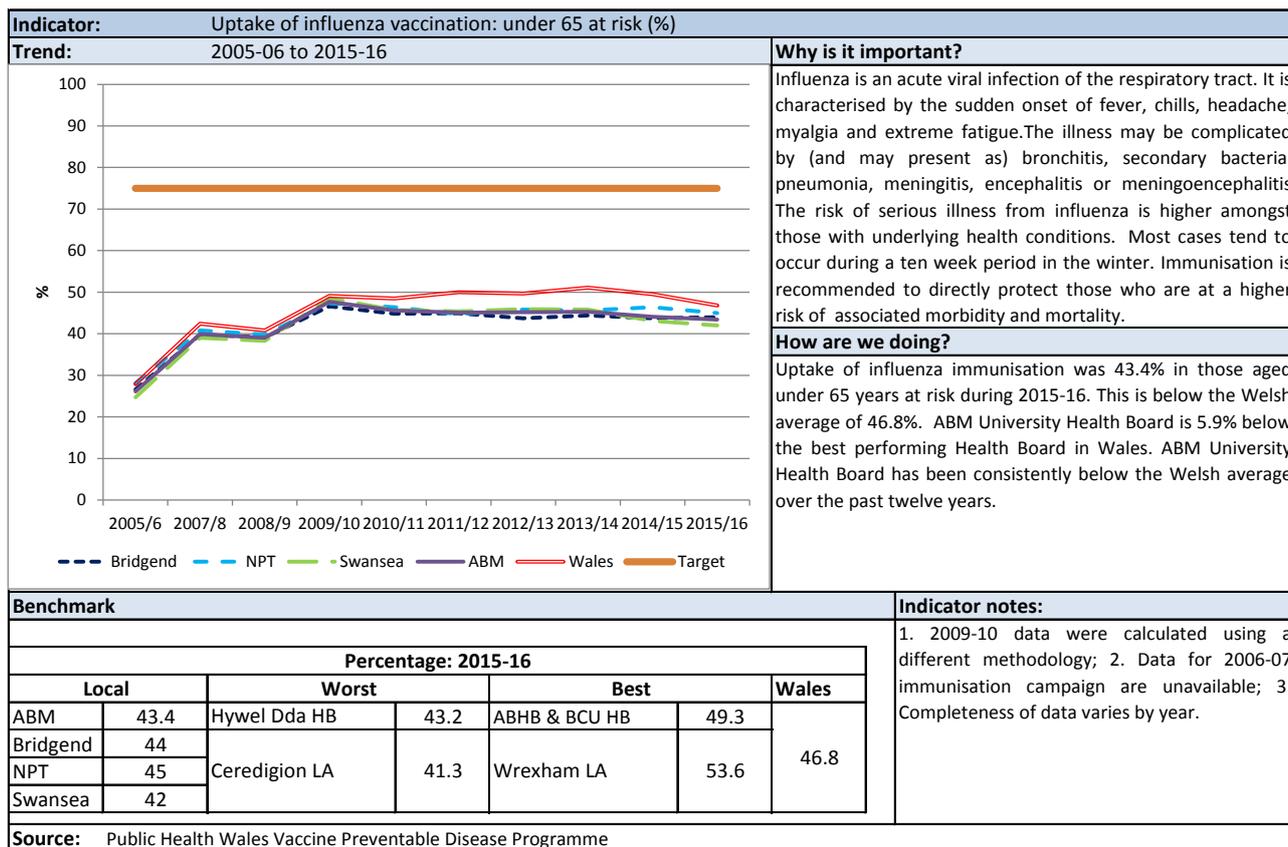
## Report card: HI17 Oral health

| Indicator:   |      | Decayed, missing and filled teeth (dmft) at age 5 years   |      |
|--|------|---|------|
| Trend:   |      | 2011/12-2014/15   |      |
|  |      | <p><b>Why is it important?</b></p> <p>Dental caries is the most common childhood disease and is more prevalent in deprived communities. Dental caries is preventable. It commonly results in pain and infection, time absent from school and the possible need for treatment under general anaesthesia. In 2014/15, 1650 children living in the ABM University Health Board area required treatment under general anaesthetic each year, 1.49% of the population in this age group. This the second highest rate in Wales and out of step with what would be expected given reported mean decay levels.</p> |      |
| <p><b>How are we doing?</b></p> <p>The 2014-15 dental epidemiological survey of 5 year olds illustrate that child oral health is improving in Wales across all social groups. In ABM University Health Board, there was a statistically significant reduction in the mean dmft of those with decay experience between 2007/08 and 2014/15. Smaller numbers at local authority level make it difficult to assess if trends are statistically significant, but Swansea has seen an increase in mean dmft between 2011/12 and 2014/15, whilst Bridgend and Neath Port Talbot have seen decreases.</p> |      |   |      |
| Benchmark  |      | Indicator notes:  |      |
| <b>Mean dmft at age 5 years 2014/15</b>  |      |   |      |
| Local  |      | Wales   |      |
| ABM  | 1.55 | Cwm Taf HB  | 1.77 |
| Bridgend   | 1.61 | Hywel Dda HB  | 0.9  |
| NPT  | 1.36 | Vale of Glamorgan LA  | 0.7  |
| Swansea  | 1.64 | Merthyr Tydfil LA   | 2.59 |
|  |      | 1.29  |      |
| <p><b>Source:</b> Dental epidemiological survey of 5 year olds 2014/15. Welsh Oral Health Information Unit and Public Health Wales</p>   |      |   |      |

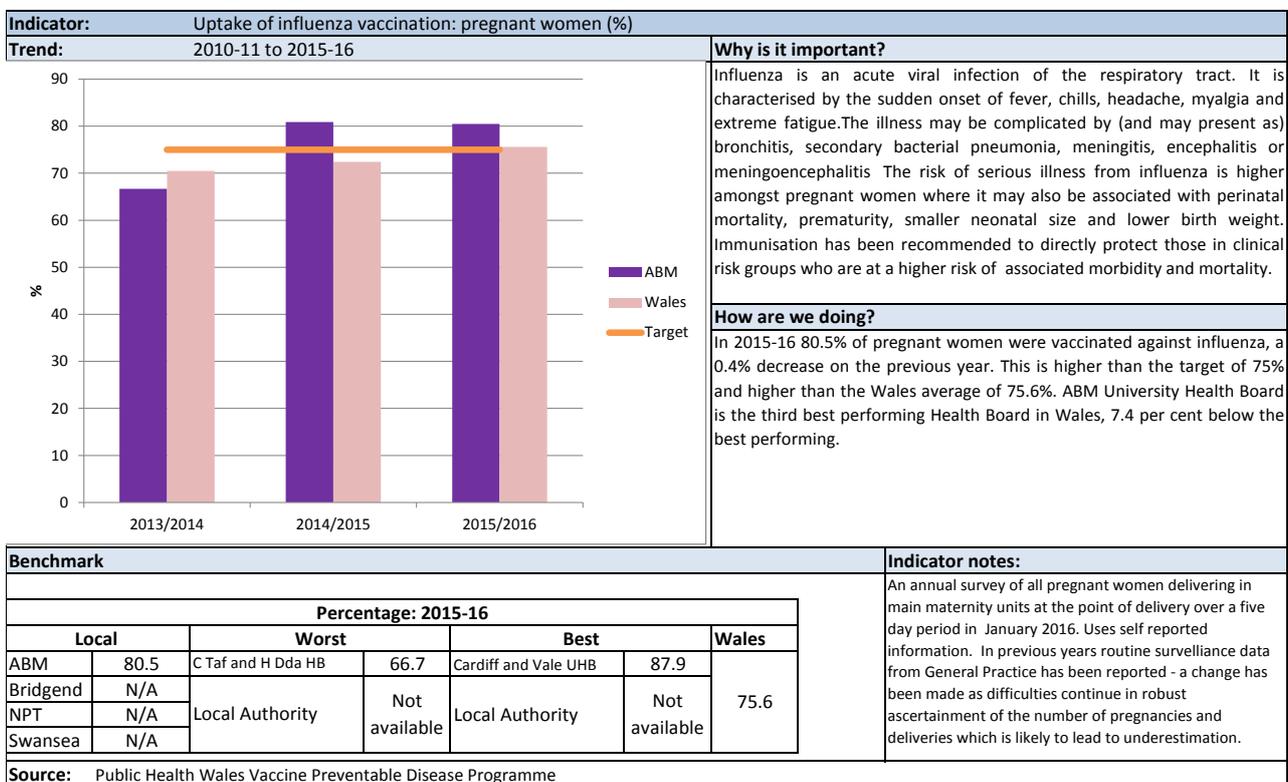
## Report card: HP1 Vaccination

| Indicator:  |      | Uptake of influenza vaccination: 65+ (%)   |      |
|---|------|--|------|
| Trend:  |      | 2005-06 to 2015-6  |      |
|   |      | <p><b>Why is it important?</b></p> <p>Influenza is an acute viral infection of the respiratory tract. It is highly infectious characterised by the sudden onset of fever, chills, headache, myalgia and extreme fatigue. The illness may be complicated by bronchitis, secondary bacterial pneumonia, meningitis, encephalitis or meningoencephalitis. The risk of serious illness from influenza is higher amongst older people. Most cases tend to occur during a ten week period during the winter. Influenza immunisation has been recommended to directly protect those in clinical risk groups who are at a higher risk.</p> |      |
| <p><b>How are we doing?</b></p> <p>Uptake of influenza immunisation was 64.6.2% in those aged 65 years and older during 2015-16. This is below the Welsh Government uptake target of 75% and 2% lower than the Welsh average. Over the past five years Bridgend had the highest percentage uptake of influenza vaccination in older people of the three localities.</p> |      |  |      |
| Benchmark   |      | Indicator notes:   |      |
| <b>Percentage: 2015-16</b>  |      |  |      |
| Local   |      | Wales  |      |
| ABM   | 64.6 | Hywel Dda HB   | 63.9 |
| Bridgend  | 67.4 | Cardiff & Vale UHB   | 68.9 |
| NPT   | 63.8 | Ceredigion LA  | 59.7 |
| Swansea   | 63.4 | Wrexham LA   | 72.3 |
|   |      | 66.6   |      |
| <p><b>Source:</b> Public Health Wales Vaccine Preventable Disease Programme</p>   |      |  |      |

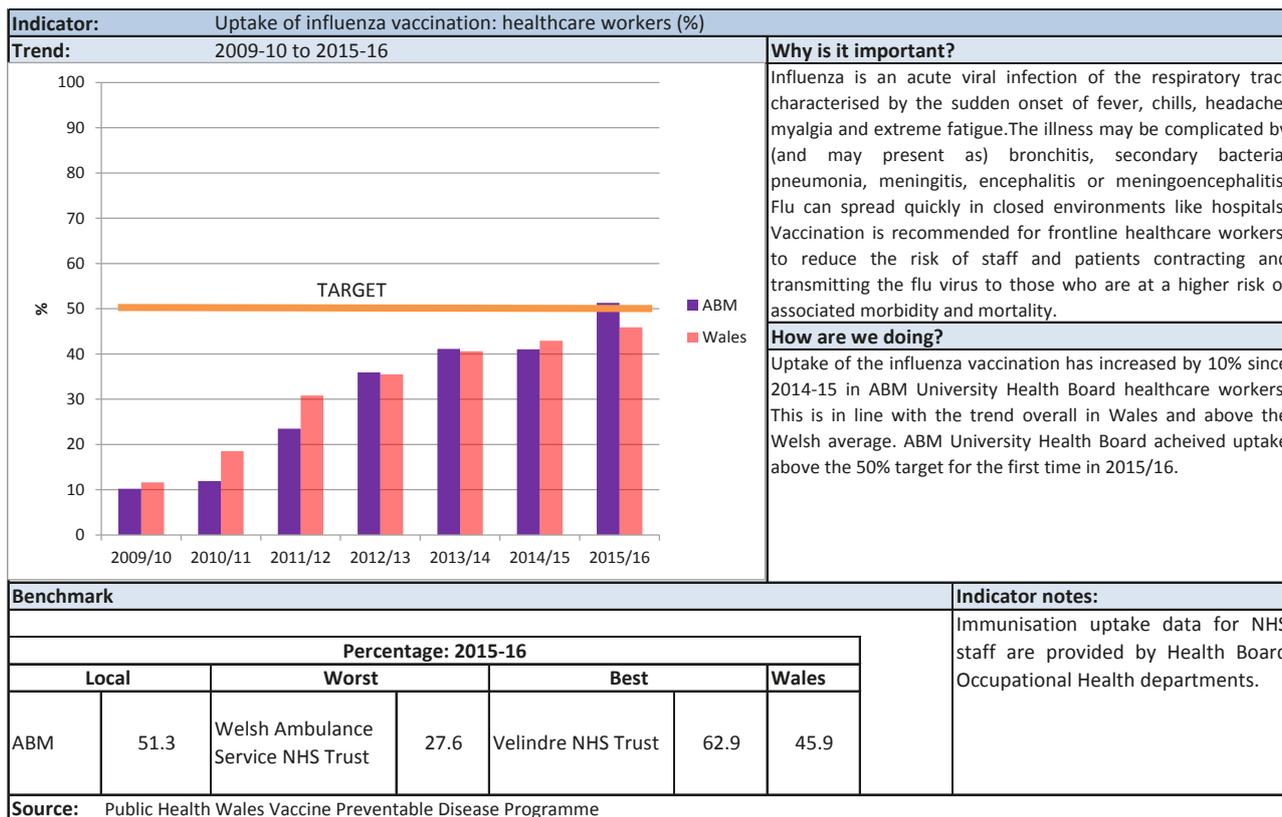
## Report card: HP2 Vaccination



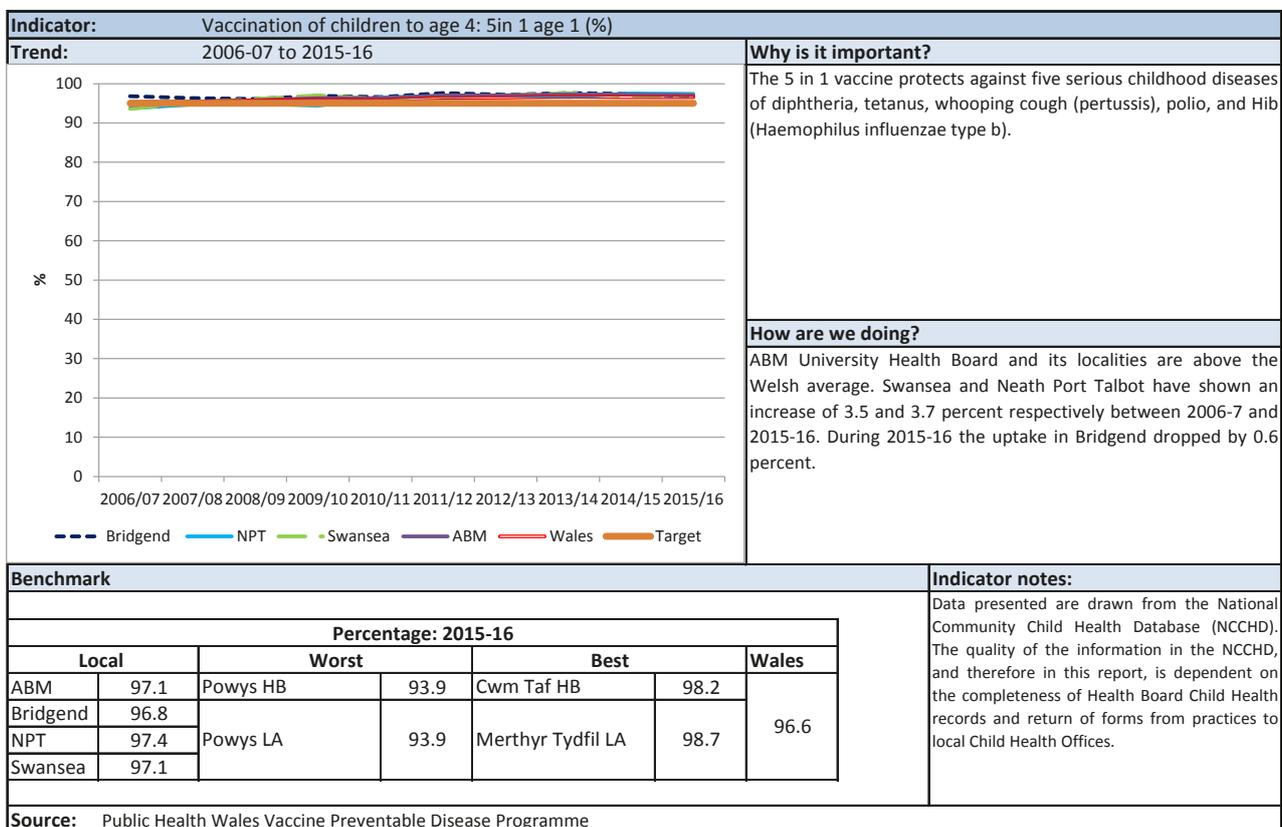
## Report card: HP3 Vaccination



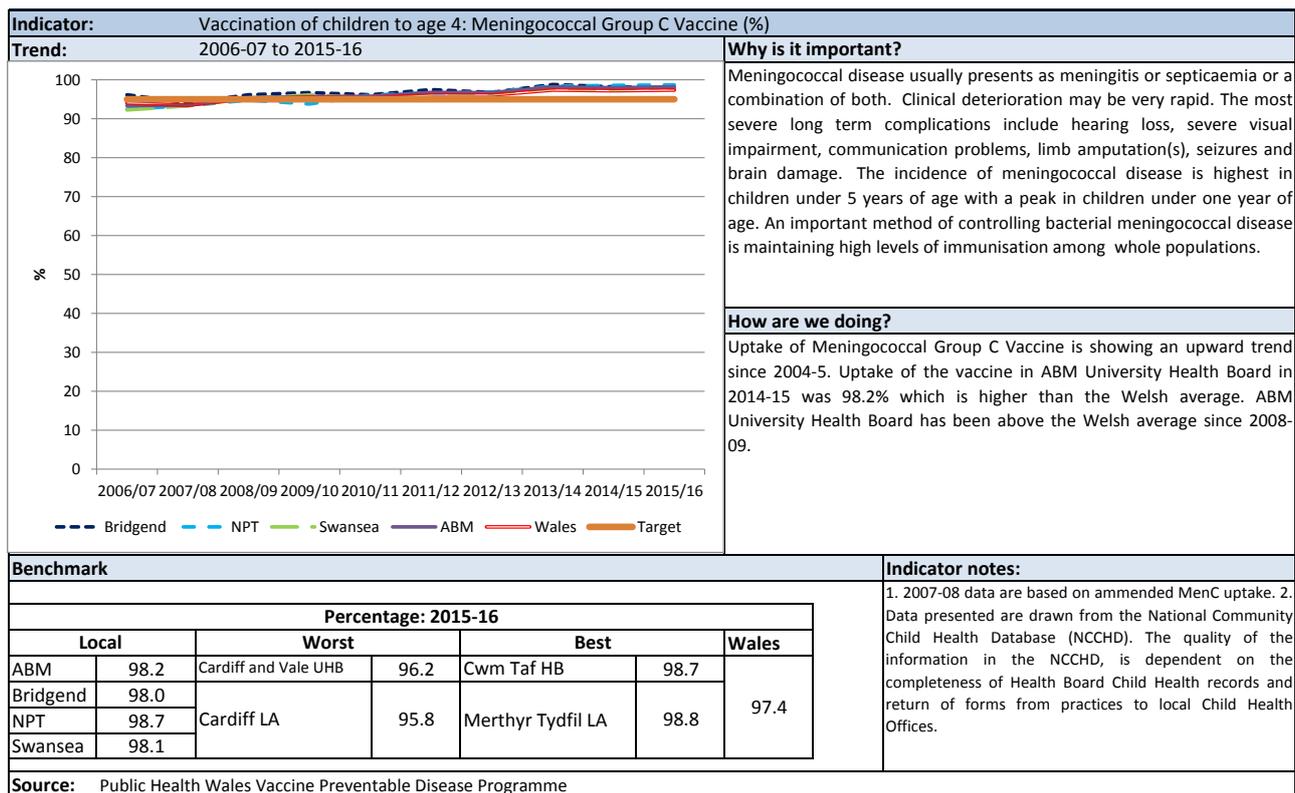
## Report card: HP4 Vaccination



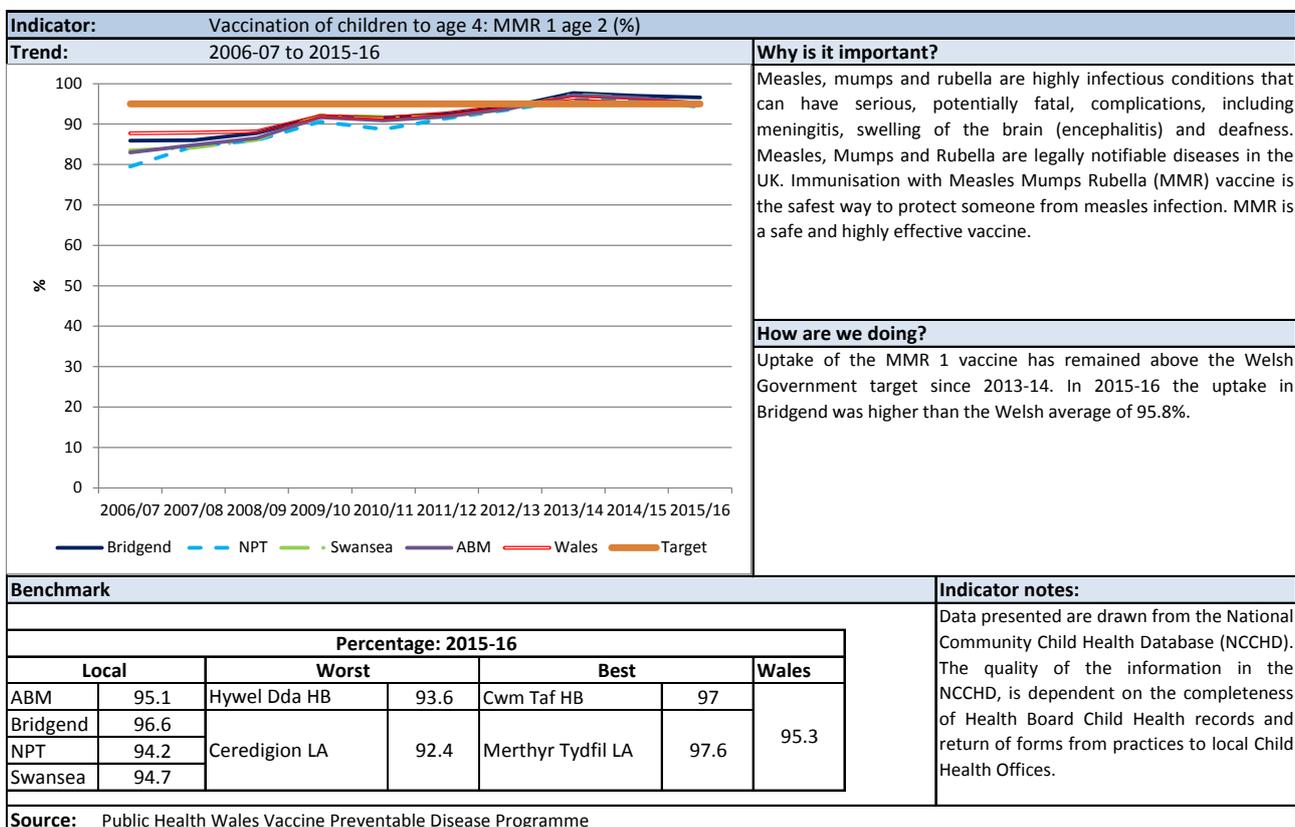
## Report card: HP5 Vaccination



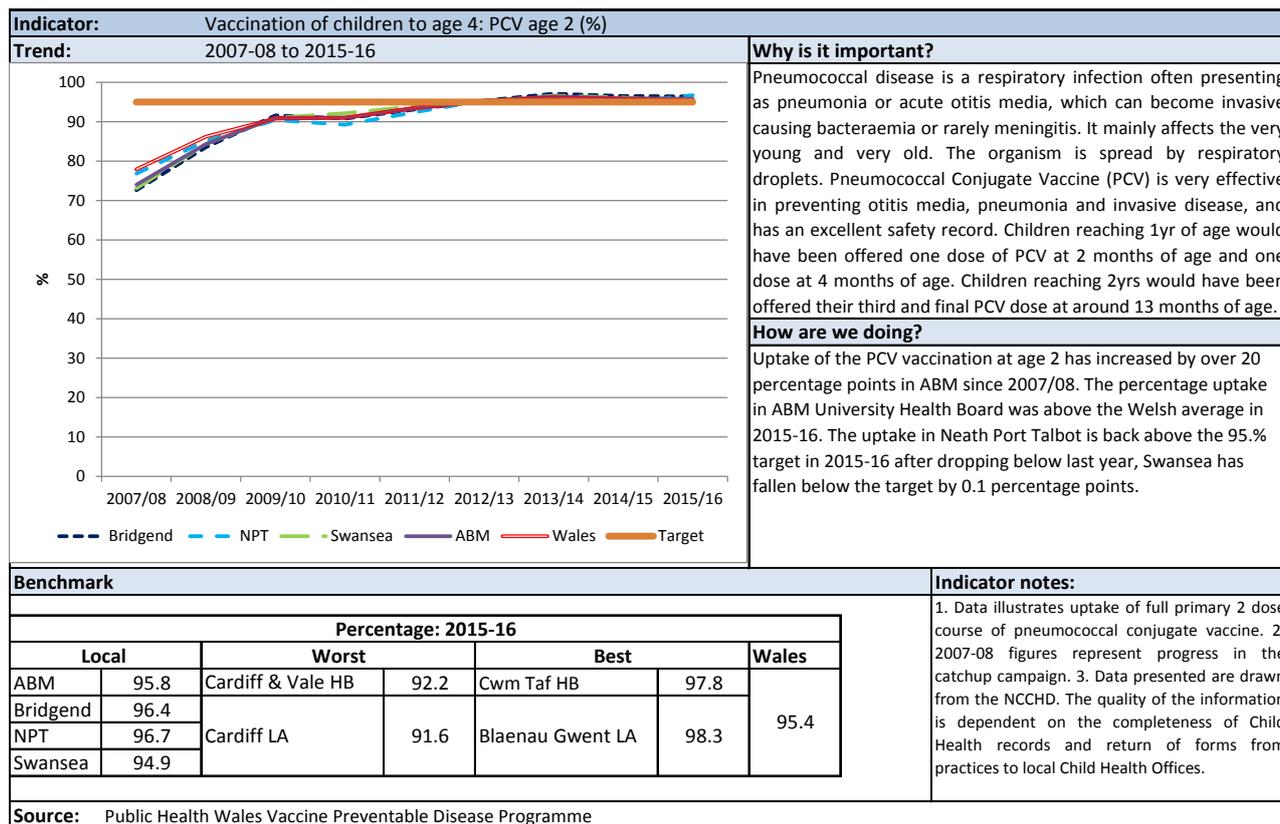
## Report card: HP6 Vaccination



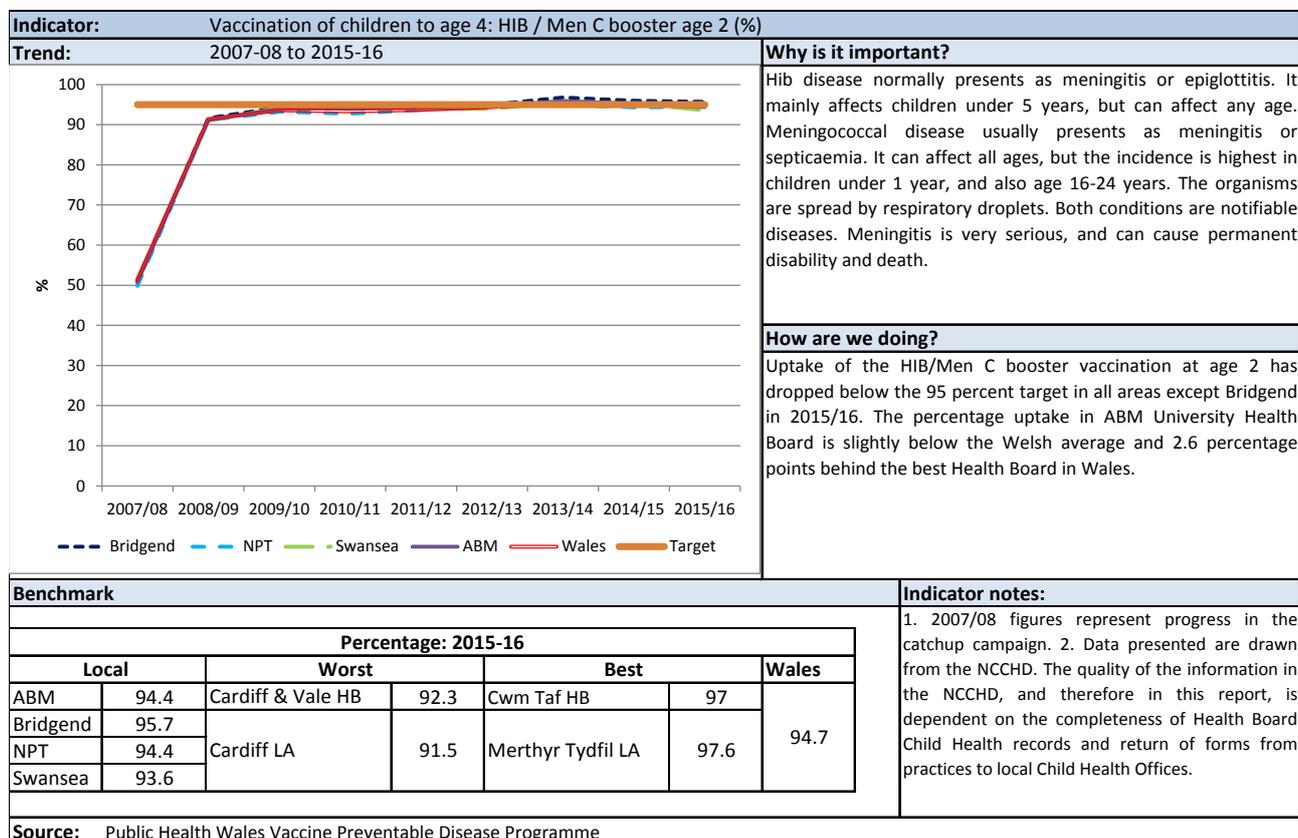
## Report card: HP7 Vaccination



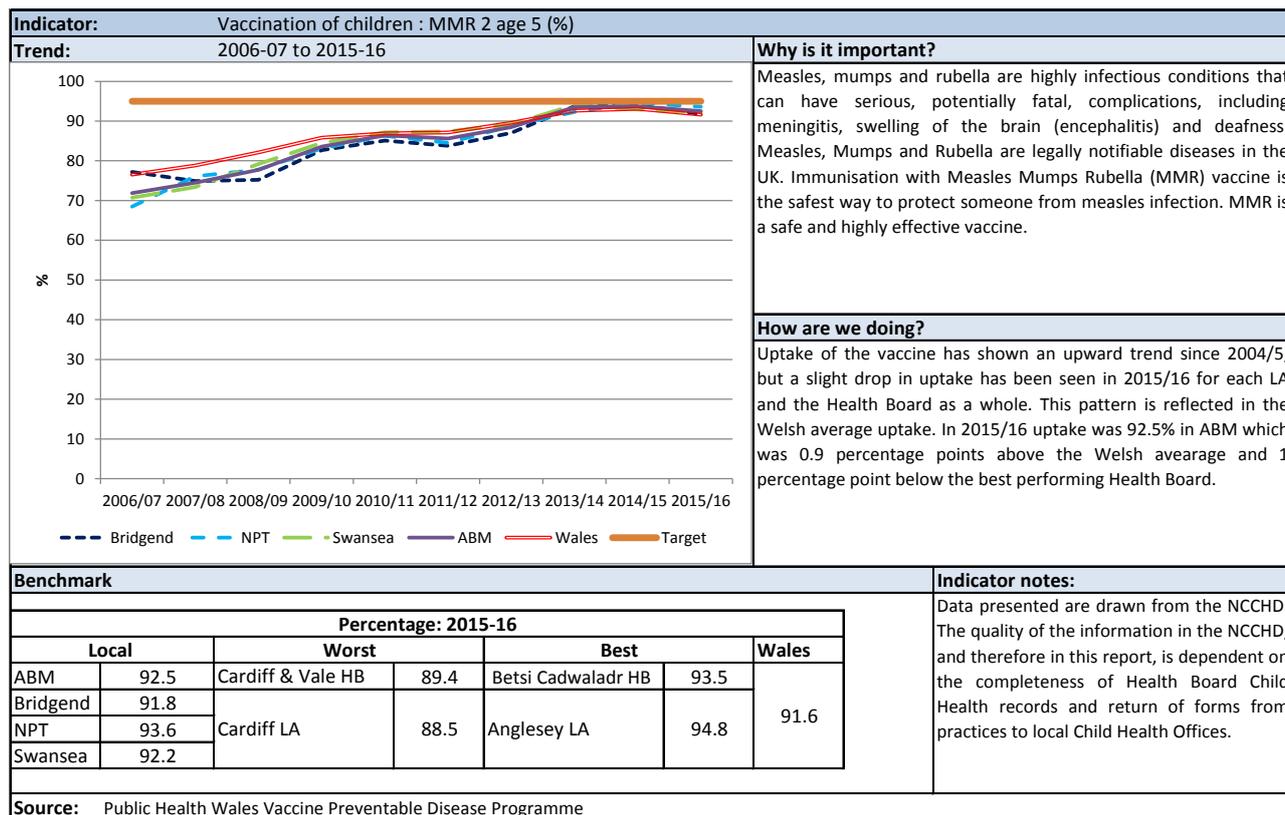
## Report card: HP8 Vaccination



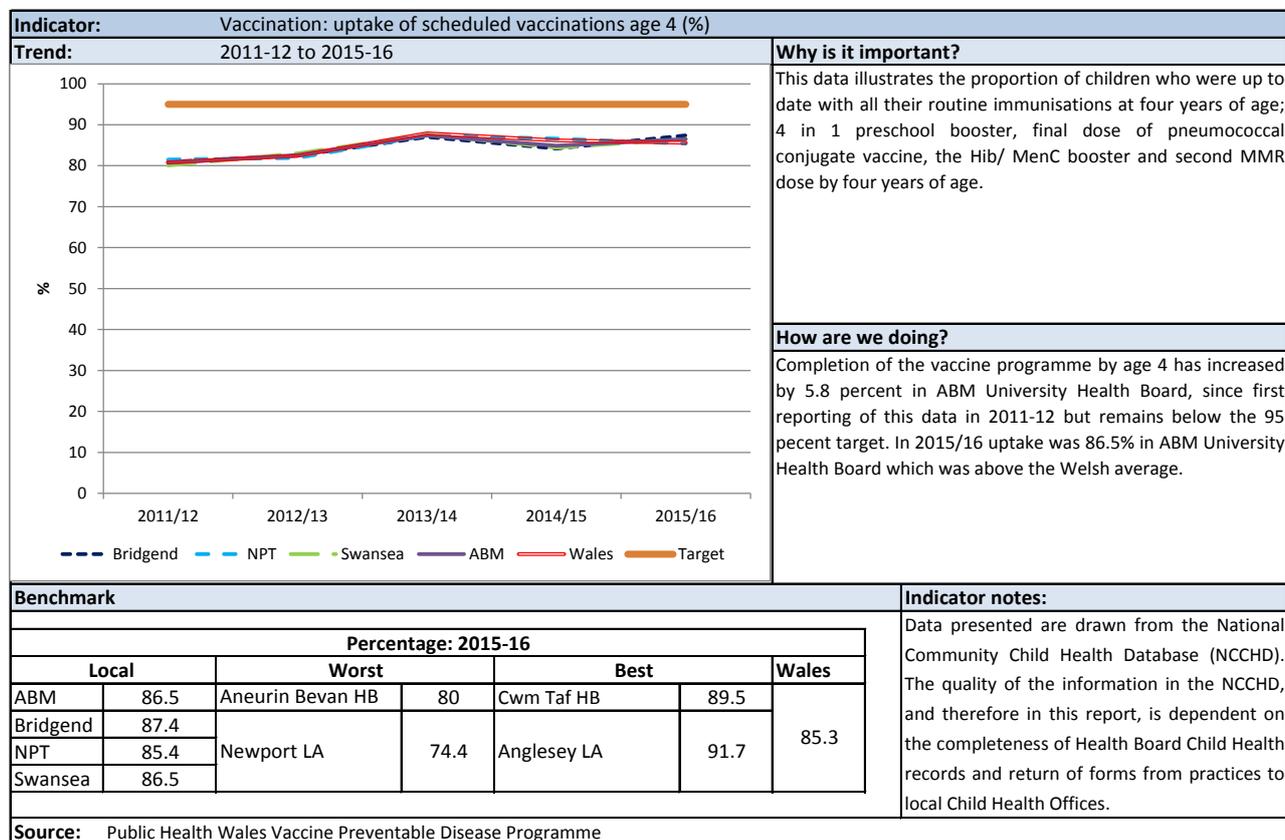
## Report card: HP9 Vaccination



## Report card: HP10 Vaccination



## Report card: HP11 Vaccination



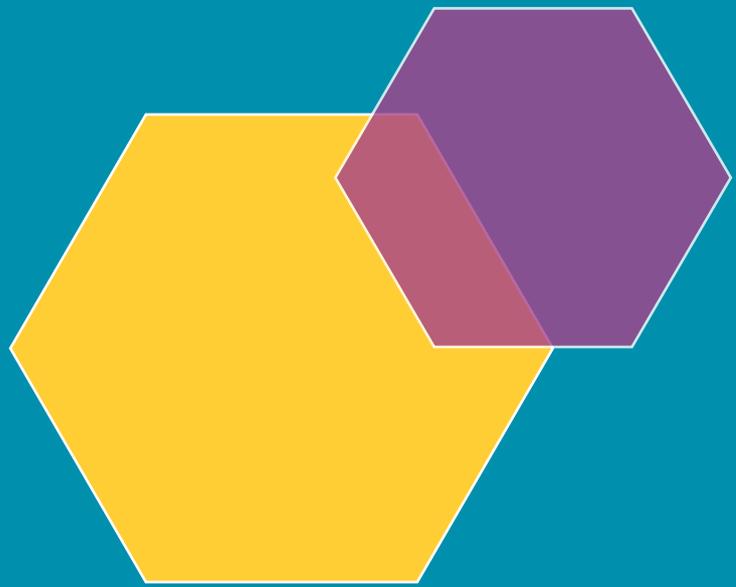
## Report card: HS1 Hip fractures

| <b>Indicator:</b> Emergency hospital admissions with a diagnosis of fractured neck of femur, aged 65+   |  |                    |      |                   |       |       |       |  |      |  |       |     |     |         |     |                   |     |          |     |                    |     |          |     |     |     |         |     |  |  |  |  |   |
|---|--|--------------------|------|-------------------|-------|-------|-------|--|------|--|-------|-----|-----|---------|-----|-------------------|-----|----------|-----|--------------------|-----|----------|-----|-----|-----|---------|-----|--|--|--|--|---|
| <b>Trend:</b> 2003-04 to 2012-2013  | <b>Why is it important?</b>  |                    |      |                   |       |       |       |  |      |  |       |     |     |         |     |                   |     |          |     |                    |     |          |     |     |     |         |     |  |  |  |  |   |
| <p>Emergency hospital admissions with a primary diagnosis of hip fracture, European age-standardised rate per 100,000, persons aged 65 &amp; over, Abertawe Bro Morgannwg UHB, local authorities and Wales, financial years 2003/04 to 2012/13<br/>Produced by Public Health Wales Observatory, using PEDW (NHS) &amp; HYE (ONS)</p> <p>This data uses the new 2013 European Standard Population, please refer to the Data guide for further details.</p>   | <p>Fractured neck of femur in older adults is associated with a mortality rate of 10% at one month after a fall, 20% at four months and 30% at one year. Of those who recover many experience loss of mobility and independence. Hip fractures are associated with osteoporosis. The average age of patients with fracture of neck of femur is 80+ and 75% are female. With an ageing population numbers are set to increase. (Adapted from NHS Institute for Innovation and Improvement, 2006).</p> |                    |      |                   |       |       |       |  |      |  |       |     |     |         |     |                   |     |          |     |                    |     |          |     |     |     |         |     |  |  |  |  |   |
| <b>How are we doing?</b>  |  |                    |      |                   |       |       |       |  |      |  |       |     |     |         |     |                   |     |          |     |                    |     |          |     |     |     |         |     |  |  |  |  |   |
| Rates across Wales have remained relatively stable in the period 2003-04 to 2012-2013. In 2012-2013 the ABM University Health Board was significantly higher than the Welsh average.  |  |                    |      |                   |       |       |       |  |      |  |       |     |     |         |     |                   |     |          |     |                    |     |          |     |     |     |         |     |  |  |  |  |   |
| <b>Benchmark</b>  | <b>Indicator notes:</b>  |                    |      |                   |       |       |       |  |      |  |       |     |     |         |     |                   |     |          |     |                    |     |          |     |     |     |         |     |  |  |  |  |   |
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| European Age-Standardised rate per 100,000 population: 2012-2013  |  |                    |      |                   |       |       |       |  |      |  |       |     |     |         |     |                   |     |          |     |                    |     |          |     |     |     |         |     |  |  |  |  |   |
| Local   | Worst  |                    | Best |                   | Wales |       |       |  |      |  |       |     |     |         |     |                   |     |          |     |                    |     |          |     |     |     |         |     |  |  |  |  |   |
| ABM   | 739  | ABM UHB            | 739  | Betsi Cadwaldr HB | 651   |       |       |  |      |  |       |     |     |         |     |                   |     |          |     |                    |     |          |     |     |     |         |     |  |  |  |  |   |
| Bridgend  | 727  | Carmarthenshire LA | 874  | Conwy LA          | 481   |       |       |  |      |  |       |     |     |         |     |                   |     |          |     |                    |     |          |     |     |     |         |     |  |  |  |  |   |
| NPT   | 758  |                    |      |                   |       |       |       |  |      |  |       |     |     |         |     |                   |     |          |     |                    |     |          |     |     |     |         |     |  |  |  |  |   |
| Swansea   | 732  |                    |      |                   |       |       |       |  |      |  |       |     |     |         |     |                   |     |          |     |                    |     |          |     |     |     |         |     |  |  |  |  |   |
| <b>Source:</b> Public Health Wales Observatory  |  |                    |      |                   |       |       |       |  |      |  |       |     |     |         |     |                   |     |          |     |                    |     |          |     |     |     |         |     |  |  |  |  |   |

## Report card: HS2 Health Services - Screening

| <b>Indicator:</b> Breast screening: % eligible women screened   |  |                      |      |                  |       |       |       |  |      |  |       |     |      |                      |      |              |      |          |      |            |      |                  |      |     |      |         |      |  |  |  |  |  |
|---|--|----------------------|------|------------------|-------|-------|-------|--|------|--|-------|-----|------|----------------------|------|--------------|------|----------|------|------------|------|------------------|------|-----|------|---------|------|--|--|--|--|--|
| <b>Trend:</b> 2011 - 2015   | <b>Why is it important?</b>  |                      |      |                  |       |       |       |  |      |  |       |     |      |                      |      |              |      |          |      |            |      |                  |      |     |      |         |      |  |  |  |  |  |
|   | <p>Mortality rates from breast cancer have almost halved in Wales and in ABM University Health Board area since the 1980s. Despite the reduction in mortality breast cancer remains the most common form of cancer in women the UK. The early detection of breast cancer through screening is a significant factor in predicting survival. There is a social gradient in the uptake of breast screening.</p> |                      |      |                  |       |       |       |  |      |  |       |     |      |                      |      |              |      |          |      |            |      |                  |      |     |      |         |      |  |  |  |  |  |
| <b>How are we doing?</b>  |  |                      |      |                  |       |       |       |  |      |  |       |     |      |                      |      |              |      |          |      |            |      |                  |      |     |      |         |      |  |  |  |  |  |
| The uptake of screening in Wales and ABM UHB has almost returned to levels seen in 2011, following a reduction in more recent years. In ABM University Health Board area uptake of screening is now 0.9 percentage points less than it was in 2011. The uptake of breast screening in ABM area is above the Wales average.  |  |                      |      |                  |       |       |       |  |      |  |       |     |      |                      |      |              |      |          |      |            |      |                  |      |     |      |         |      |  |  |  |  |  |
| <b>Benchmark</b>  | <b>Indicator notes:</b>  |                      |      |                  |       |       |       |  |      |  |       |     |      |                      |      |              |      |          |      |            |      |                  |      |     |      |         |      |  |  |  |  |  |
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| Percentage (coverage as at 18/01/2015)  |  |                      |      |                  |       |       |       |  |      |  |       |     |      |                      |      |              |      |          |      |            |      |                  |      |     |      |         |      |  |  |  |  |  |
| Local   | Worst  |                      | Best |                  | Wales |       |       |  |      |  |       |     |      |                      |      |              |      |          |      |            |      |                  |      |     |      |         |      |  |  |  |  |  |
| ABM   | 73.9   | Cardiff and Vale UHB | 68.6 | Hywel Dda HB     | 75.2  |       |       |  |      |  |       |     |      |                      |      |              |      |          |      |            |      |                  |      |     |      |         |      |  |  |  |  |  |
| Bridgend  | 74.1   | Cardiff LA           | 66.5 | Monmouthshire LA | 76.2  |       |       |  |      |  |       |     |      |                      |      |              |      |          |      |            |      |                  |      |     |      |         |      |  |  |  |  |  |
| NPT   | 74.8   |                      |      |                  |       |       |       |  |      |  |       |     |      |                      |      |              |      |          |      |            |      |                  |      |     |      |         |      |  |  |  |  |  |
| Swansea   | 73.3   |                      |      |                  |       |       |       |  |      |  |       |     |      |                      |      |              |      |          |      |            |      |                  |      |     |      |         |      |  |  |  |  |  |
| <b>Source:</b> Public Health Wales - Screening Division   |  |                      |      |                  |       |       |       |  |      |  |       |     |      |                      |      |              |      |          |      |            |      |                  |      |     |      |         |      |  |  |  |  |  |

| <b>Indicator:</b> Percentage singleton live births with low birth weight (under 2500g)  |     | <b>Trend:</b> 2008 - 2014 |     | <b>Why is it important?</b>  |   |       |     |  |  |  |       |  |       |  |      |  |       |     |     |             |     |                      |     |     |          |     |                |     |               |     |     |     |         |     |  |
|---|-----|---------------------------|-----|--|---|-------|-----|--|--|--|-------|--|-------|--|------|--|-------|-----|-----|-------------|-----|----------------------|-----|-----|----------|-----|----------------|-----|---------------|-----|-----|-----|---------|-----|--|
|   |     |                           |     | <p>Low birth weight is an indicator of infant morbidity and mortality and can lead to chronic diseases in adulthood. There is a strong association between low birth weight and deprivation. Risk factors include mother's age and general health and well being, poor nutrition, smoking and alcohol consumption both pre conceptually and during pregnancy, socio economic status and ethnicity.</p> |   |       |     |  |  |  |       |  |       |  |      |  |       |     |     |             |     |                      |     |     |          |     |                |     |               |     |     |     |         |     |  |
|   |     |                           |     | <b>How are we doing?</b>   |   |       |     |  |  |  |       |  |       |  |      |  |       |     |     |             |     |                      |     |     |          |     |                |     |               |     |     |     |         |     |  |
|   |     |                           |     | <p>In 2014, the percentage of singleton births with LBW in all localities in ABM were lower than the Welsh average. Local authority level data masks the variation in singleton births with low birth weight between affluent and poorer communities.</p>  |   |       |     |  |  |  |       |  |       |  |      |  |       |     |     |             |     |                      |     |     |          |     |                |     |               |     |     |     |         |     |  |
| <b>Benchmark</b>  |     |                           |     |  | <b>Indicator notes:</b>   |       |     |  |  |  |       |  |       |  |      |  |       |     |     |             |     |                      |     |     |          |     |                |     |               |     |     |     |         |     |  |
| <table border="1"> <thead> <tr> <th colspan="6">Percentage singleton live births with low birth weight (under 2500g) 2014</th> </tr> <tr> <th colspan="2">Local</th> <th colspan="2">Worst</th> <th colspan="2">Best</th> <th rowspan="2">Wales</th> </tr> </thead> <tbody> <tr> <td>ABM</td> <td>4.6</td> <td>Cwm Taf UHB</td> <td>6.5</td> <td>ABM UHB &amp; Powys TUHB</td> <td>4.6</td> <td rowspan="4">5.2</td> </tr> <tr> <td>Bridgend</td> <td>4.4</td> <td rowspan="3">Merthyr Tydfil</td> <td rowspan="3">7.1</td> <td rowspan="3">Ceredigion LA</td> <td rowspan="3">4.1</td> </tr> <tr> <td>NPT</td> <td>4.7</td> </tr> <tr> <td>Swansea</td> <td>4.6</td> </tr> </tbody> </table> |     |                           |     |  | Percentage singleton live births with low birth weight (under 2500g) 2014 |       |     |  |  |  | Local |  | Worst |  | Best |  | Wales | ABM | 4.6 | Cwm Taf UHB | 6.5 | ABM UHB & Powys TUHB | 4.6 | 5.2 | Bridgend | 4.4 | Merthyr Tydfil | 7.1 | Ceredigion LA | 4.1 | NPT | 4.7 | Swansea | 4.6 | <p>The data refers to singleton live births. Multiple births present increased risk of preterm birth and low birth weight.</p> |
| Percentage singleton live births with low birth weight (under 2500g) 2014   |     |                           |     |  |   |       |     |  |  |  |       |  |       |  |      |  |       |     |     |             |     |                      |     |     |          |     |                |     |               |     |     |     |         |     |  |
| Local   |     | Worst                     |     | Best   |   | Wales |     |  |  |  |       |  |       |  |      |  |       |     |     |             |     |                      |     |     |          |     |                |     |               |     |     |     |         |     |  |
| ABM   | 4.6 | Cwm Taf UHB               | 6.5 | ABM UHB & Powys TUHB   | 4.6   |       | 5.2 |  |  |  |       |  |       |  |      |  |       |     |     |             |     |                      |     |     |          |     |                |     |               |     |     |     |         |     |  |
| Bridgend  | 4.4 | Merthyr Tydfil            | 7.1 | Ceredigion LA  | 4.1   |       |     |  |  |  |       |  |       |  |      |  |       |     |     |             |     |                      |     |     |          |     |                |     |               |     |     |     |         |     |  |
| NPT   | 4.7 |                           |     |  |   |       |     |  |  |  |       |  |       |  |      |  |       |     |     |             |     |                      |     |     |          |     |                |     |               |     |     |     |         |     |  |
| Swansea   | 4.6 |                           |     |  |   |       |     |  |  |  |       |  |       |  |      |  |       |     |     |             |     |                      |     |     |          |     |                |     |               |     |     |     |         |     |  |
| <b>Source:</b> Stats Wales  |     |                           |     |  |   |       |     |  |  |  |       |  |       |  |      |  |       |     |     |             |     |                      |     |     |          |     |                |     |               |     |     |     |         |     |  |



# Appendices

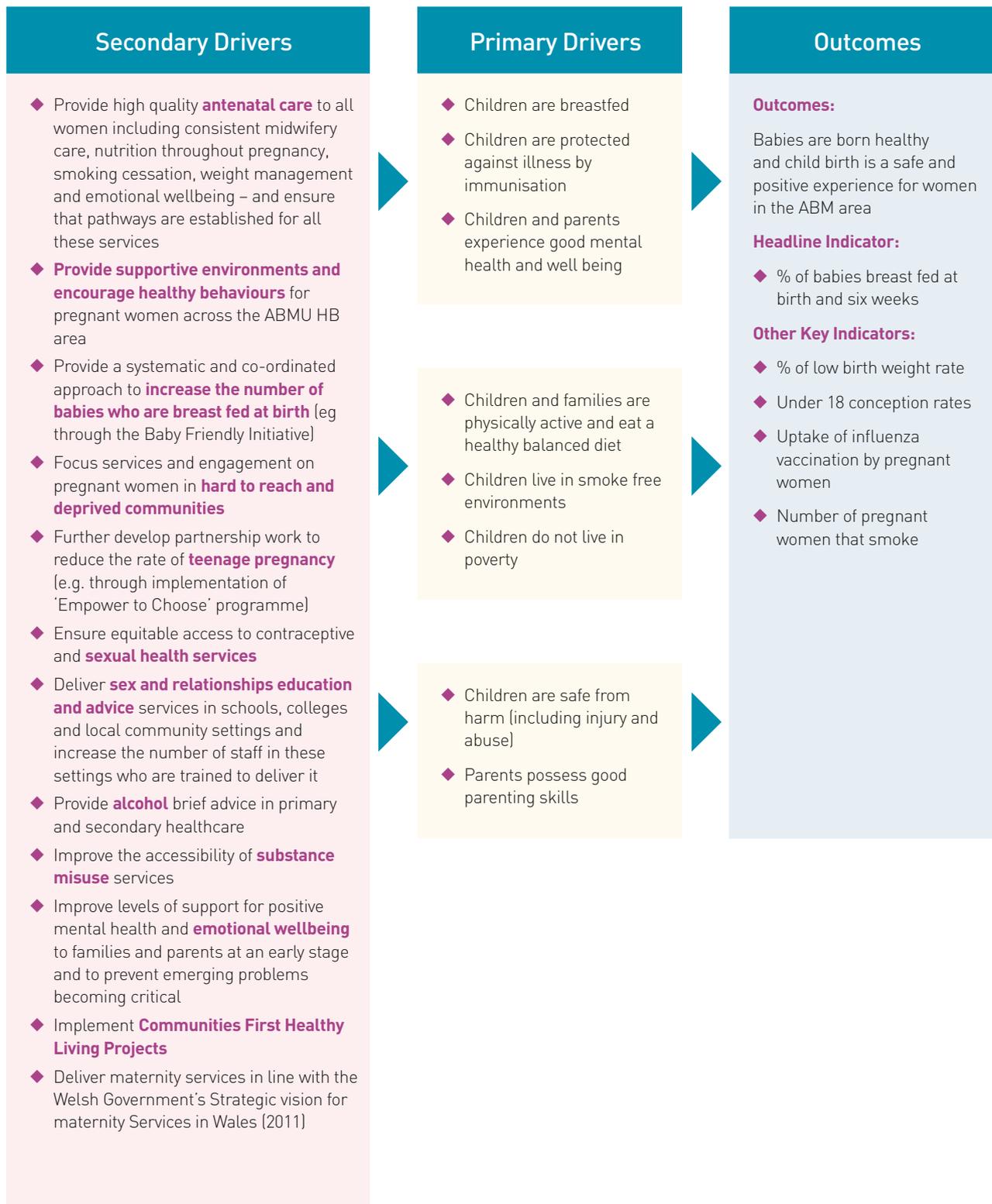
The following driver diagrams provide a straightforward guide to a high level improvement goal and the underpinning drivers and projects. These are goals that are achieved through collaborative working by ABM Public Health Team and partners.



GIG  
CYMRU  
NHS  
WALES

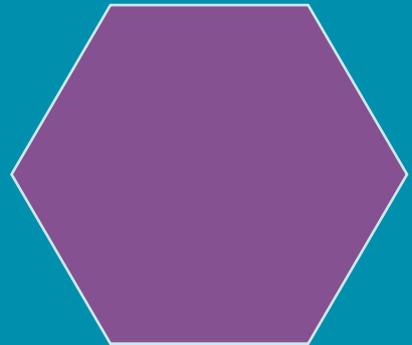
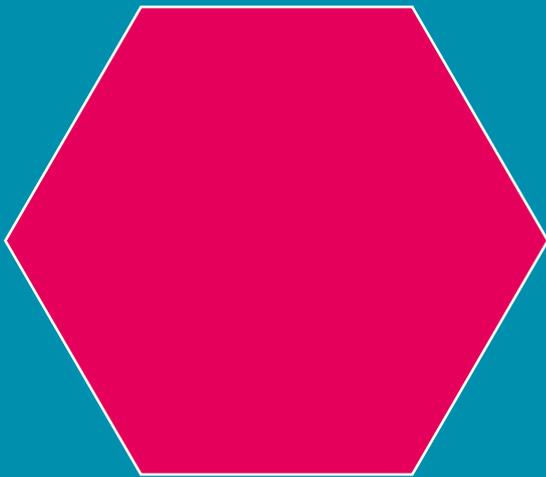
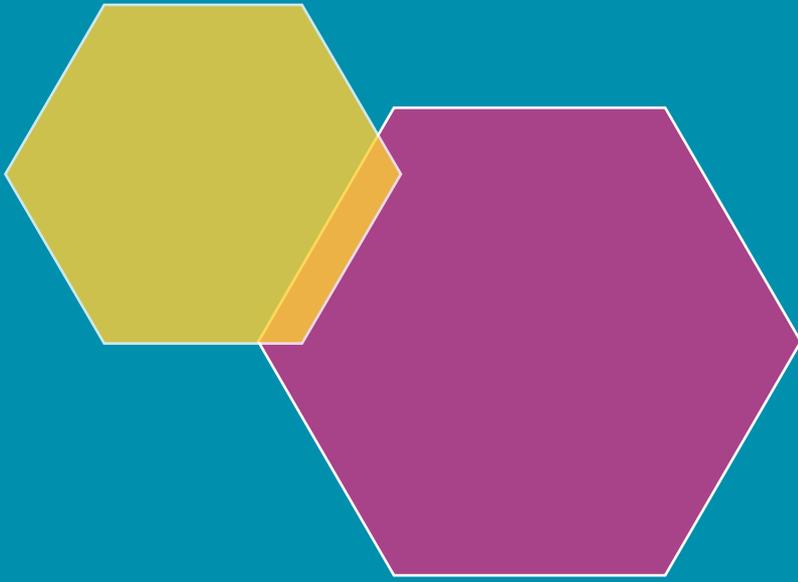
Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

## Driver Diagram - Improving Pre-conception Care and Maternal Health so that Babies are Born Healthy



## Driver Diagram - Pre-school Children





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board