

Royal College of Paediatrics and Child Health Wales response to the Finance Committee's call for information – Welsh Government Draft Budget proposals 2026-27

The Royal College of Paediatrics and Child Health (RCPCH) Wales welcomes the opportunity to respond to the Finance Committee's call for information ahead of publication of the Welsh Government's Draft Budget 2026-27.

Summary

- We note the Welsh Government's intention to outline a single-year 'rollover' budget uplifted for inflation. While this approach may well provide short-term stability, we urge the Welsh Government to use the UK Spending Review as an opportunity to set out strategic, long-term priorities, particularly around prevention and early intervention.
- Preventative spend must be classified as a strategic priority. Investing in early intervention and prevention reduces future demand on public services and delivers long-term savings. We support calls for ringfenced prevention funding and the introduction of a Preventative Departmental Expenditure Limit (PDEL).
- We cannot afford not to take children's health more seriously. Child health inequalities continue to widen, poor mental health is soaring, and children are waiting too long to access treatment. Across a range of measures, we have some of the worst child health outcomes in Europe and with consequences extending well into adulthood and beyond, we cannot ignore the economic cost of failing to act. Furthermore, it is our firm view that babies, children and young people deserve to have the best health and care possible, and they will only do so when the child health workforce is valued, receives investment and is truly supported.
- The Welsh Government should place children's health and wellbeing at the centre of decision making as it formulates and finalises the 2026-27 Draft Budget. This must include completing a Children's Right Impact Assessment on the draft budget which sets out the impact of spending decisions on children and young people in Wales. This would demonstrate leadership in children's rights and ensure spending decisions reflect the needs of children and young people.
- Despite additional funding in 2025-26, there remain significant funding pressures within the Welsh NHS which has impacted the ability of the child health workforce to provide quality and timely services. Whilst we welcome the fact that waiting lists overall have seen a gradual reduction over the last 12 months, the

number of paediatric pathways waiting more than 36 weeks remains significantly above pre-pandemic levels¹. Our own research has also found that waiting times to access community child health services in most health boards have increased or remained static for several years². Chronic underinvestment in child health services needs to be addressed urgently to ensure timely access to treatment and diagnosis before treatment for some of the most vulnerable members of society, and to relieve pressure on an overstretched workforce.

- Wales's child poverty rate – already one of the highest in the UK and across Western Europe – has risen to 31%. This is driving inequalities which have a lasting negative effect on children's future outcomes. We note the upcoming publication of a UK-wide child poverty strategy by the UK Government and call on the Welsh Government to use this as an opportunity to strengthen its own strategy and include measurable national milestones, a joined-up delivery plan, and a ringfenced funding stream. The Welsh Government should also continue to lobby the UK Government to end the two-child limit to benefit payments to provide further financial support to children and their families.
- Digital infrastructure in child health service is outdated, and in some cases non-existent. Many services still rely on paper-based records, which at minimum impacts efficiency. Investment in NHS IT systems and digitalisation of child health services is essential to enable innovation and integrated care.

Introduction

We note the Cabinet Secretary for Finance and Welsh Language, Mark Drakeford's intention to outline a single-year 'rollover' budget - uplifted to take account of inflation - in order to provide certainty for public services. Whilst the Cabinet Secretary has said a different approach could be taken if there is appetite within the Senedd to work together to set a more ambitious budget, our assumption is that the spending plans set out in the 2025-26 budget will be restated in the 2026-27 Draft Budget.

Whilst we acknowledge the Cabinet Secretary's approach to the final round of budget negotiations in this Senedd term is practical and pragmatic given the political circumstances, we believe preventative spend should be classified as a strategic priority and as such there should be scope to allocate more funding to preventative and early intervention programmes and activities. The UK Spending Review provides greater clarity over future block grant allocations and therefore affords the Welsh Government the opportunity to set out more strategic, long-term spending priorities. Recent history shows that preventative spend is often the first casualty when the government focusses

¹ Stats Wales, [Patient pathways waiting to start treatment by month, grouped weeks and treatment function, January 2018 onwards](#)

² [Dramatic rise in waiting times is leaving children across Wales without the community care they need, says paediatricians | RCPCH](#)

on short-term priorities³. This approach is counterproductive as investing in early intervention and prevention - particularly in relation to Early Years services - serves the longer-term interests of NHS Wales, the Welsh Government and the public more generally as this approach helps tackle deep-rooted health inequalities, reduces future pressure on public services and ultimately saves money in the longer-term.

Impact of 2025-26 Budget

We recognise the fiscal climate faced by the Welsh Government during the 2024-25 budget period remained challenging despite an uplift in block grant funding from the new UK Government.

The Welsh Government aligned its 2025-26 spending decisions with the First Minister's four priorities, which included tackling NHS waiting times and improving access to mental health services. Consequently, an additional £435m was allocated to the Health and Social Care Main Expenditure Group (MEG) in the Draft Budget, as well as £175m of additional capital funding⁴. The Welsh Government's Final Budget 2025-26 included an additional £66 million in resource funding for health and social services⁵.

Whilst the majority of the additional funding set out by the Cabinet Secretary in the 2025-26 Budget for Health and Social Care went directly to the NHS, only a relatively modest proportion was allocated to frontline services, with funding set aside for other costs, including staff pay and contract negotiations, whilst inflation had to be factored in. It is also the case that the funding that did make its way to the NHS frontline was not spread evenly. Health boards were directed to focus on sustaining essential services first, then addressing pay and additional Welsh Government priorities, such as women's health⁶. Additional funding for child health services – which already receives a disproportionate level of NHS funding compared to adult services – was not identified as a priority.

We were, however, pleased to see funding maintained for important NHS digitalisation projects that are relevant to child health services, such as the Welsh Nursing Care Records (WNCR) project. Greater investment in the digitalisation of NHS records and services is vital for help drive the long-term transformation of services for babies, children and young people. We also welcomed the additional £30m in the Final Budget

³ Audit Wales, 'No Time to Lose: Lessons from our work under the Well-being of Future Generations Act' (April 2025)

https://www.audit.wales/sites/default/files/publications/No_time_to_lose_Lessons_from_our_work_under_the_Well-being_of_Future_Generations_Act.pdf

⁴ Welsh Government Draft Budget 2025-26 narrative:

<https://www.gov.wales/sites/default/files/publications/2024-12/draft-budget-narrative-2025-2026.pdf>

⁵ Senedd Research article 'What's new in the Welsh Government's Final Budget 2025-26?': [Budget 2025-26: What's new in the Welsh Government's Final Budget 2025-26?](#)

⁶ Health and Social Care Committee report 'Welsh Government draft budget 2025-26' (February 2025) <https://senedd.wales/media/sw5hbw0q/cr-ld16963-e.pdf>

to continue the expansion of Flying Start childcare provision to all two-year olds, an extra £5m in capital funding to improve play spaces and refurbish playgrounds, and funding to support the introduction of £1 bus fares for 16-21 year olds.

Overall, whilst we welcome the additional funding for health and social services in the 2025-26 budget and the specific allocations set out above, the impact on child health services has been minimal. Despite children making up nearly a fifth of the population, their specific health needs continue to be under-prioritised in budget allocations. Health boards were required to make substantial savings in the same financial year and whilst we fully recognise the need to deliver improvements in financial performance, child health services risk being further sidelined in such an environment. Indeed, the financial position of most health boards should not mandate short term fixes that don't address deeper systemic issues rather than long-term investment. If we fail to meet the needs of babies, children and young people today, we will not stem the rising tide of demand that is overwhelming the NHS. Investing in child health is not just a moral imperative - it is a strategic necessity for building a healthier, more sustainable future for Wales.

RCPCH Wales is concerned that the 2025–26 Welsh Government budget continued the trend of diverting funding away from preventative services toward more immediate pressures. While we recognise the need to respond to urgent challenges, this shift undermines the long-term transformation needed to reduce demand on the NHS and social care. The Future Generations Commissioner, Bevan Foundation, and Senedd committees have all raised concerns about the lack of transparency, ringfencing, and strategic investment in prevention. Without sustained and targeted funding for early intervention and child health, we risk entrenching poor outcomes and escalating future costs across public services.

Preventative spend

We believe preventative spend should be classified as a strategic priority and as such there should be scope to allocate more funding to preventative and early intervention programmes and activities. The UK Spending Review provides greater clarity over future block grant allocations and therefore affords the Welsh Government the opportunity to set out more strategic, long-term spending priorities.

Recent history shows that preventative spend is often the first casualty when the government focusses on short-term priorities. This approach is counterproductive as investing in early intervention and prevention serves the longer-term interests of NHS Wales, the Welsh Government and the public more generally as it reduces future pressure on public services and ultimately saves money in the longer-term.

We know that focusing on prevention and delivering early intervention services for parents, children and families is one of the most effective ways to ensure good health

across the life course and to provide economic savings to the NHS and wider public services.

RCPCH Wales also supports calls made by the Future Generations Commissioner, Welsh NHS Confederation and others for the protection and ringfencing of prevention funding in future budgets⁷. A Preventative Departmental Expenditure Limit (PDEL), as advocated by the Health Foundation⁸, would classify and ringfence preventative investment, in order to inject long-termism into public spending.

A renewed focus on prevention, early intervention and public health in allocations to the health and social care budget and a commitment to protecting preventative spend in all future budgets would be a clear indication that the Welsh Government is serious about tackling the root causes of health inequalities and rising demand for health services. In terms of specific priority areas of preventative investment, we would urge the Welsh Government to provide sufficient and sustained funding for initiatives such as Flying Start, the Healthy Child Wales Programme, and Healthy Weight: Healthy Wales, and support the recruitment of health visitors. Indeed, health visitors are essential for delivering early intervention and support for families but their numbers declined by 6.3% between 2018 (875.5 FTE) and March 2025 (820.5 FTE)⁹. Additionally, continued roll-out of school and community-based mental health services, alongside well-resourced public health campaigns on vaccination, smoking and vaping cessation, and breastfeeding, is essential to support the wellbeing of children and young people. Given that vaccination uptake in Wales and across the rest of the UK have stalled in recent years, these measures are perhaps more important than ever.

Supporting children and young people living in relative income poverty

The latest statistics show that the number of children living in relative income poverty has risen to 31%¹⁰. This is considerably higher than in Northern Ireland (24%) or Scotland (23%) respectively and Wales continues to have one of the highest child poverty rates in Western Europe. Research by End Child Poverty suggests that 94% of all Westminster constituencies in Wales have at least 25% of children living in poverty – the highest rate in the UK. Within Wales, Blaenau Gwent (36%), Rhondda & Ogmore (35%) and Newport East (35%) have the highest percentage of child poverty¹¹. This level of

⁷ Future Generations Commissioner for Wales press release (January 2025): [Protect funding for prevention in Welsh Government budgets, says Future Generations Commissioner - Future Generations Wales](#)

⁸ The Health Foundation. 'Revenue, capital, prevention: a new public spending framework for the future' (October 2023): [Revenue, capital, prevention: a new public spending framework for the future | The Health Foundation](#)

⁹ Stats Wales: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/nursingmidwiferyandhealthvisitingstaff-by-grade-areaofwork-year>

¹⁰ Welsh Government statistics, 'Relative Income Poverty: April 2023 to March 2024' (March 2025): [Relative income poverty: April 2023 to March 2024 \[HTML\] | GOV.WALES](#)

¹¹ End Child Poverty, 'Local Numbers, National Crisis: Child Poverty Across the UK' (June 2025): https://endchildpoverty.org.uk/wp-content/uploads/2025/05/ECP_25StatsMPBriefing_AW_Dig.pdf

poverty is driving inequalities in Wales, and we therefore urge the Welsh Government to prioritise funding to address this in its 2026-27 Budget.

It is well known poverty disproportionately impacts children and the health impacts of growing up in poverty are significant and follow children across their life¹². Children living in poverty are more likely to have poorer health outcomes including higher risk of mortality, low birth weight, poor physical health, and mental ill-health. Infant mortality in Wales¹³ is higher than other developed countries and chronic conditions associated with poverty such as obesity, diabetes, and poor oral health are on the rise.

In 2024, the Welsh Government implemented the Child Poverty Strategy¹⁴. While health inequalities did feature, following a campaign by RCPCH Wales¹⁵, the strategy as a whole fell short. We agree with the Children's Commissioner for Wales, and several other organisations, that the strategy does not match the gravity of the situation facing children and young people in Wales. Without a fully funded and joined-up delivery plan and monitoring framework, which sets out targets and measurable outcomes and which embeds the UN Committee on the Rights of the Child concluding observations¹⁶, the strategy is unlikely to deliver on its objectives. Last year, RCPCH Wales joined more than 40 other organisations in calling for a joint up delivery plan¹⁷.

We note the upcoming publication of a UK-wide child poverty strategy by the UK Government. The Welsh Government should use this as an opportunity to build on its own child poverty strategy, and include measurable national milestones, supported by transparent monitoring arrangements and a ring-fenced funding stream. The Welsh Government should also continue to lobby the UK Government to end the two-child limit to benefit payments to provide further financial support to children and their families. The Resolution Foundation estimates that removing the limit would lead to 470,000 fewer children across the UK out of relative poverty by 2029-30¹⁸.

¹² Royal College of Paediatrics and Child Health Position Statement on child poverty (2024): [Child health inequalities driven by child poverty in the UK - position statement | RCPCH](#)

¹³ ONS [Child and infant mortality in England and Wales - Office for National Statistics](#)

¹⁴ Welsh Government 'Child Poverty Strategy for Wales' (2024): <https://www.gov.wales/child-poverty-strategy-wales-2024.html>

¹⁵ Royal College of Paediatrics and Child Health media release (January 2024) <https://www.rcpch.ac.uk/news-events/news/paediatricians-welcome-inclusion-health-inequalities-welsh-government>

¹⁶ Children's Legal Centre Wales 'UN Committee on Rights of the Child – UK Concluding Observations 2023' (October 2023): <https://childrenslegalcentre.wales/un-committee-on-rights-of-child-uk-concluding-observations-2023/>

¹⁷ NHS Confederation media release (October 2024): <https://www.nhsconfed.org/news/47-organisations-demand-welsh-government-cabinet-secretaries-and-ministers-work-reduce-impact>

¹⁸ The Resolution Foundation, 'Turning the Tide: What it will take to reduce child poverty in the UK' (February 2025): <https://www.resolutionfoundation.org/app/uploads/2025/02/Turning.the.tide.pdf#page=29>

NHS waiting lists

The demands and pressures on paediatric services remain intense. In [February 2024](#) RCPCH Wales called for urgent investment to support the child health workforce to address waiting times after a review found that paediatric waiting times had increased by 62% since 2016. Demand for community child health services in particular doubled in some health board areas in recent years¹⁹. Overall paediatric waiting times have gradually decreased in the last 12 months but we remain far from the 2016 waiting time figures and the 95% standard target²⁰. As of June 2025, there were 56,183 open pathways for under 18s waiting for treatment; 8,121 waiting over a year; 4,260 waiting over a year for a first outpatient appointment and 592 waiting over two years²¹.

RCPCH Wales supports the principle of prioritising the longest waits, but we remain concerned that children and young people are being overlooked in current efforts to reduce waiting lists. While adult services often dominate the policy and investment landscape, children's health services continue to face persistent delays, with waiting times remaining stubbornly high. The NHS Wales Planning Framework 2024-2027 acknowledged that *"ongoing pressures are having a disproportionate impact on children and young people"*²². However, services for children continue to be overlooked and underfunded. This has resulted in lengthy waits, despite effort from the workforce.

We do not believe the Welsh Government currently has a sufficiently robust or child-focused plan to address this issue. Several factors contribute to this:

- **Poor data quality and visibility:** There is a lack of reliable, disaggregated data on children's services, making it difficult to monitor progress or identify areas of greatest need.
- **Underinvestment in child health services:** Paediatric services, including community and specialist care, have not received the same level of strategic prioritisation as adult services. Community child health services, for example, should be a vital component of the Welsh Government's aim to deliver care

¹⁹ Royal College of Paediatrics and Child Health media release (June 2025): [Dramatic rise in waiting times is leaving children across Wales without the community care they need, says paediatricians | RCPCH](#)

²⁰ As at June 2025, 86.52% of paediatric pathways started treatment within 26 weeks, significantly below the 95% target: [WF Information - Waiting Times - Wales - Infogram](#)
Welsh Government - Waiting Times for NHS Services: Frequently Asked Questions (FAQs), p. 4.
<https://www.gov.wales/sites/default/files/statistics-and-research/2019-01/waiting-times-for-nhs-services-frequently-asked-questions.pdf>

²¹ Stats Wales, Referral to treatment times, patients waiting longer than one or two years: [Patient pathways waiting longer than one or two years, and pathways waiting longer than one year for a first outpatient appointment by local health board, treatment function/specialty and age, September 2011 onwards](#)

²² [NHS Wales Planning Framework 2024-2027](#)

closer to home, but remain chronically underfunded²³. This has led to fewer health visitors, continence nurses and speech and language therapists and these gaps have consequences for school readiness and long-term health conditions.

- **Systemic bias towards acute adult care:** Planning and prioritisation often focus on acute adult needs, leaving children's services under-resourced and under-recognised. Services that are available for adults are not always available for children and young people. Examples of this include the absence of a pathway for child fatigue and pain management.

We urge the Welsh Government to adopt a more proactive approach to addressing waiting times for babies, children and young people by investing in multidisciplinary child health teams and community-based services to reduce demand. Long waits are unacceptable for any patient but delays in treating children can have lifelong consequences both for individuals and for the wider health and social care system. Many treatments need to be given by a specific age or developmental stage. If you miss the right window to treat a child or wait too long the consequences may endure for years or become irreversible. Delayed treatments may affect physical milestones, communication skills, social development, educational outcomes, confidence and resilience as well as a child's mental wellbeing.

We also urge the Welsh Government to embed a life course approach in healthcare planning, in recognition of the fact that early intervention in childhood prevents more complex and costly needs in adulthood. Child health services should therefore be explicitly considered and included in all strategic workforce planning and waiting list recovery programmes.

Workforce planning

RCPCH Wales believes the Welsh Government should go much further to provide adequate support to enable innovation in child health services and ensure that rising demand and complexity in the care and treatment of babies, children and young people should be properly considered in workforce planning. The child health workforce is under significant pressure, and current planning mechanisms do not reflect the scale or complexity of the challenge.

There are critical workforce shortages across the children's health system:

²³ Royal College of Paediatrics and Child Health, 'Collaborative Healthcare in Wales: Delivering the Services Children Need in the Community' (2025) <https://www.rcpch.ac.uk/sites/default/files/2025-06/collaborative-healthcare-wales-2025.pdf>

- Allied Health Professionals (AHPs) are in short supply, particularly in child health multidisciplinary teams.
- Health visitors, who play a vital role in early years development, are stretched thin.
- Paediatricians face persistent rota gaps and workforce shortages.
- Speech and language therapists face high vacancy rates.
- Primary care teams, the gateway to health services, are overwhelmed by rising demand, compounded by a reduction in the number of GP surgeries.

Despite these pressures, the child health workforce is largely absent from strategic workforce plans developed by Welsh Government, NHS Wales, HEIW, and Social Care Wales. This omission reflects a chronic underinvestment in child health services and a lack of recognition of the unique needs of children and young people.

To address this, we urgently need a Long-Term Workforce Plan (LTWP) for child health, informed by a comprehensive gap analysis of the current workforce, projected demand for children's health services and clinician-informed retention strategies.

Investment in public sector infrastructure

Innovation in healthcare depends on robust data and digital infrastructure, yet child health services in Wales are hampered by poor data quality, with notable gaps in community health, school readiness, childhood disabilities, specific services children are waiting for and workforce data (particularly for Allied Health Professionals). It is also the case that many child health services, including the Healthy Child Wales programme, continue to rely on paper-based records. Limited digital connectivity prevents effective collaboration across NHS services, as well as with partners in education and social care.

The Welsh Government needs to invest in modern NHS IT infrastructure, replacing ageing systems and mitigating cyber-security risks. Digitalisation of child health services must be prioritised to ensure data is accessible, shareable, and usable. Innovative models of care, supported by real-time data and integrated systems, are currently being held back without this investment.

Without targeted investment and strategic planning, the child health workforce will remain overstretched and under-supported. Innovation must be inclusive of children's services, or Wales risks falling further behind in delivering safe, effective, and equitable care for future generations.

The need for a Children’s Rights Impact Assessment

RCPCH Wales strongly urges the Welsh Government to undertake a Children’s Rights Impact Assessment (CRIA) as part of the formulation of the 2026–27 Budget. This recommendation has been made consistently over the past decade by Senedd committees and children’s organisations, yet it remains unfulfilled.

We note that the Children, Young People and Education Committee’s report on the 2025-26 Draft Budget, included a recommendation that the Welsh Government should trial publishing a CRIA of allocations within the Health and Social Care Main Expenditure Group (MEG) for the 2026-27 Draft Budget. The Welsh Government rejected this recommendation, arguing that impact of the Welsh Government’s Draft Budget on Children’s Rights is considered as part of the Draft Budget’s Strategic Integrated Impact Assessment (SIIA). The Welsh Government has committed to a review of the SIIA to ensure it is fit for purpose. This is a welcome move, but we remain concerned that the SIIA does not provide sufficient specificity when it comes to children and young people. It is not a substitute for a dedicated CRIA.

RCPCH Wales welcomes the Welsh Government’s intention to introduce a statutory duty on public bodies, including health boards, to carry out Health Impact Assessments (HIAs) as part of decision-making and planning processes²⁴. This is a positive step toward embedding a focus on prevention in all policies and improving population outcomes. However, given the current timeline, it is unlikely that HIAs will be in place in time to inform the 2026–27 budget cycle. The continued sole use and publication of a SIIA as part of the Draft Budget process falls short of the Welsh Government’s stated commitment to the UNCRC. Therefore, we strongly urge the Welsh Government to commit to carrying out and publishing a Children’s Rights Impact Assessment (CRIA), particularly in relation to budget allocations to the Health and Social Care MEG, as part of the 2026–27 Draft Budget. This would demonstrate leadership in children’s rights and ensure that budget decisions reflect the needs and experiences of children and young people. A CRIA would also set a clear standard for health boards and local authorities to follow, helping to ensure that children are not overlooked in financial planning and service delivery.

Budget decisions can easily overlook the needs of children, especially when allocations are made without a dedicated lens on their rights and wellbeing, as the Children, Young People and Education Committee powerfully demonstrate in their report. Indeed, the committee state:

“83 per cent of health and social care revenue expenditure falls under one single BEL called ‘Core NHS Allocations’, which is used to fund Wales’ health boards. Health board funding in Wales is unhypothecated, granting health boards discretion in spending,

²⁴ Welsh Government, Written Statement on The Outcome of the consultation on the Health Impact Assessment (Wales) Regulations (April 2025): <https://www.gov.wales/written-statement-outcome-consultation-health-impact-assessment-wales-regulations>

provided they meet their statutory duties and any conditions of funding set by the Welsh Government. Consequently, the overall effect of the Welsh Government's presentation of health and social care expenditure is that it is impossible to determine the portion of the £12.2 billion revenue budget that is allocated to, or spent by, children's services and services that have the most impact on children" ²⁵.

Alongside this, child health must be placed at the centre of budgetary decision-making. Paediatricians across Wales witness daily the impact of poverty and inequality on children's health. Without targeted investment, children's services risk being forgotten. We must listen to what children and their families are telling us and respond with the resources needed to tackle the challenges they face. Too many children continue to miss school and not enough children are exercising regularly with 25% of 4–5-year-olds classified as overweight²⁶. 32% of 5-6 years old have tooth decay²⁷ and vaccination rates for the vast majority of illnesses remains below the WHO's 95% vaccine coverage target²⁸. This is not only damaging to children but to society as a whole. The Welsh Government must act now to prioritise the health and wellbeing of children and young people.

About RCPCH Wales

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 600 members in Wales, 14,000 across the UK and an additional 17,000 worldwide. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards.

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²⁵ Children, Young People & Education Committee report on the Draft Budget 2025-26:

<https://senedd.wales/media/dgef0bha/cr-ld16966-e.pdf>

²⁶ [Proportion of children with a healthy weight remains higher than pre-pandemic level - Public Health Wales](#)

²⁷ [Tooth decay rates in children in Wales fall, but issues remain - Public Health Wales](#)

²⁸ Public Health Wales COVER Annual Report highlights that only 85.3% of children were up to date with their vaccinations by the age of four: <https://phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-archive-folder/annual-reports/annual-cover-report-202425/>