

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

CORE20

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

PLUS

ICS-chosen population groups experiencing poorer than average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



CORE20 PLUS 5

Key clinical areas of health inequalities

1

ASTHMA

Address care reliance on asthma medications and decrease the number of asthma attacks



2

DIABETES

Increase access to foot care, Continuous Glucose Monitors and insulin pumps in the most deprived quartiles and from ethnic minority backgrounds to increase proportion of children and young people with type 1 diabetes receiving annual health checks



3

EPILEPSY

Increase access to epilepsy specialist services and ensure access in the first year of care for those with a learning disability or autism



4

ORAL HEALTH

Address the backlog for tooth extractions in hospital for under 16s



5

MENTAL HEALTH

Improve access rates to children and young people's mental health services for 8-17 year olds, for certain ethnic groups, age, gender and deprivation



Health Care Uk 199697

Michael I Harrison



Health Care Uk 199697:

Health Care UK, Spring 2001 John Appleby, Anthony Harrison, 2001-06-29 Provides a review of health care policy issues including targets for spending health inequalities long term care Europe and tax relief on private medical insurance

Inequalities in Health David Gordon, 1999-10-20 The 19 papers that were submitted as evidence to the Independent Inquiry into Inequalities in Health Chaired by Sir Donald Acheson *Solidarity in Health and Social Care in Europe W. Arts, R. Muffels*, 2013-03-14 OF SOLIDARITY IN UK SOCIAL WELFARE Here then perhaps is a British version of solidarity in social welfare but early there are strong tensions between the powerfully liberal individualistic strands of the British understanding of the functions of the state and the socialistic or communitarian tendency of a commitment to universal welfare provision In the search for the roots of this understanding of welfare we shall survey first the historical background to these tensions in some early British political philosophers starting with Hobbes and ending with Mill We then consider the philosophical and social influences on the Beveridge Report itself and we will trace the emergence of the philosophy of the welfare state in the era following the Second World War Finally we consider the contemporary debate as it relates to the Third Way thinking of New Labour 2 A HISTORICAL SKETCH In the previous section we observed that the philosophy underlying the Beveridge Report could be described as liberal collectivism What are the historical antecedents of this strange amalgam of individualism and collectivism Within the short scope of this chapter any account of the philosophical history must be little more than a sketch but we can perhaps understand most debates in British socio political thought as a continuing dialogue with the well known claim of Thomas Hobbes in Leviathan that all political institutions are founded on egoistic motives The National Health Service and Public Health Service in England Great Britain: Department of Health, 2012-07-04 The Health and Social Care Act 2012 requires the Secretary of State to produce an annual report for Parliament setting out how the National Health Service in England has performed The first report was due from 1 April 2013 but this report is being issued early to show the direction the NHS is heading The health service has performed well in 2011 12 it has maintained or improved performance against a range of quality indicators set out in the NHS Operating Framework whilst also meeting the first stage of the financial challenge with a reported 5.8 billion of Quality Innovation Productivity and Prevention savings The report examines performance in the wider comprehensive health service the NHS public health promotion of growth innovation and research education training and workforce There is also a specific focus on two priority areas reducing health inequalities and the delivery of integrated care The emphasis on improving health outcomes is reflected in the development of the outcomes frameworks for public health the NHS and adult social care Future reports will be focused on outcomes rather than process measures and system changes **OHE Compendium of Health Statistics 2009** Emma Hawe, Office of Health Economics (London, England), 2008-12-31 The compendium aims to provide in a single volume a wide range of statistical information on health and health care in the UK and its four constituent countries

including long time series and comparisons with other economically developed nations *Health Care Needs Assessment* Dr. Andrew Stevens, 2004 Providing vital updates this two volume set describes the central role and aim of health care needs assessment in the NHS health care reforms and explains the epidemiological approach to needs assessment and the effectiveness and availability of services

Too Ill to Talk? Penny Rhodes, Neil Small, 2014-07-10 User involvement has become an important part of health policy initiatives during the last decade but how realistic is the concept and do all users want to be involved This book brings the voices of people with serious illness and those caring for them into debate about how far health and social care services can reflect the views of users Providing an overview of the literature on user involvement the book looks at the policy and professional context within which user involvement is undertaken in particular user involvement in palliative care The authors discuss two key concepts palliative care and empowerment and analyse the role of self help groups and new information and communication technologies in this context The book focuses on the detailed narratives of people coping with three life threatening illnesses cystic fibrosis multiple sclerosis and motor neurone disease and in this way the views and experiences of the user are brought into play to critique current policy and practice Addressing a current health services issue in a refreshingly critical manner the text challenges the assumption that user involvement is either easy to achieve or that it is necessarily welcomed by all parties It will be valuable reading for students on health studies courses health professionals and policy makers in health and social care

Lives at Risk John C. Goodman, Gerald L. Musgrave, Devon M. Herrick, 2004-08-13 Lives at Risk identifies 20 myths about health care as delivered in countries that have national health insurance These myths have gained the status of fact in both the United States and abroad even though the evidence shows a far different reality The authors also explore the political and economic climate of the health care system and offer alternatives to the current health care public policies

Drugs Handbook 1996-97 Paul Turner, Glyn Volan, Heather Wiseman, 1997-01-17 It is important that all medical paramedical staff and health professionals dealing with patients should know what drugs a patient is taking what they are for and what side effects there may be The purpose of this book is to provide authoritative and easily understood information for nurses paramedical staff and health professionals including occupational therapists social workers and medical students The Handbook is updated annually enabling the reader to possess the most up to date listing of approved drugs and be informed of recent discontinuations

Fair Play and Foul? John Elder, 2005

Health Care in the Information Society David Ingram, 2023-11-17 In this fascinating book David Ingram traces the history of information technology and health informatics from its pioneers in the middle of the twentieth century to its latest developments The book is distinctive in its broad scope and coverage and as the eyewitness account of an author who became the first UK professor appointed with the mission to bridge information technology with everyday medicine health and care In this role he has been a co founder and leader of two rapidly growing initiatives openEHR and OpenEyes which stem from international collaborations of universities health services and industries

These open source and open platform technologies have struck a widely resonant chord worldwide through their focus on community interest endeavours and open access to their methods and outputs Set against the history of extremely costly burdensome and serially unsuccessful top down attempts of governments to tackle the domain the book argues for a greater focus on shared endeavours of this kind contributing towards a standardized care information utility that incorporates methods and resources evolved shared and sustained in the public domain As information technologies are now at the very core of health care shaping the relationship between medical services and communities professions organisations and industries this book is important reading for politicians health care academics administrators and providers and to anybody interested in the future of health services in the digital age

[Implementing Change in Health Systems](#) Michael I Harrison, 2004-03-27 *Implementing Change in Health Systems* brings fresh thinking and evidence to the continuing debate about market reforms of health care and other public services The book examines the development and implementation of national cost containment programs and health system reorganizations in the UK Sweden and the Netherlands countries that have been leaders in health system reform The book provides a new framework for analyzing public policy implementation and system change synthesizing diverse streams of academic research and thinking It explores the processes of implementing market reforms in each country and considers the outcomes both expected and unintended In all three countries competitive reform encountered serious technical organizational and political obstacles Yet they triggered important system changes and paved the way for significant new health policies The complex outcomes of the reforms included changes in the quality efficiency and costs of care growing managerial and political control over physicians and other health care professionals increased influence and centrality of community based care Diffusion of ideas and practices from business management into health care *Implementing Change in Health Systems* sheds new light on crucial policy issues that are currently being debated in the United States and many other countries The book will be of value to students researchers and practitioners in health policy and public policy

Compendium of Health Statistics Emma Hawe, Francois G. Schellevis, 2018-04-19 *The OHE Compendium of Health Statistics* is the one stop statistical source specially designed for easy use by anyone interested in the UK health care sector and the NHS It contains over 300 simple easy to read tables and charts and provides a wide range of information on UK health and healthcare demography expenditure and major illness in a single volume It also includes long time series and comparisons with other economically developed nations The UK data are broken down into England Northern Ireland Scotland and Wales and contain annual figures from as far back as 1949 the first full year of the NHS An on line version of the OHE Compendium is also available

[Summary of Health Information for International Travel](#), 1997-05-09 *International Health Care Reform* Colleen M. Flood, 2003 This volume examines the two models of health care reform managed competition and internal markets that are increasingly becoming the dominant paradigm in European and North American policy

Electronic Democracy and the 1997 UK General

Elections Glen Segell,1997 *Issues in Healthcare Risk Management* Charles Hancock,2008 This book describes a range of issues in healthcare risk management as written by senior professionals working in the UK National Health Service who undertook a postgraduate programme in healthcare risk management at Loughborough University This book is available as a free PDF download or as a paperback at cost i e no royalties apply The NHS at 75 Mark Exworthy,Russell Mannion,Martin Powell,2023-10-30 In its 75th anniversary year this book examines the history evolution and future of the NHS With contributions from leading researchers and experts across a range of fields such as finance health policy primary and secondary care quality and patient safety health inequalities and patient and public involvement it explores the history of the NHS drawing on narrative evaluative and analytical approaches The book frames its analysis around the four key axes from which the NHS has evolved governance centralisation and decentralisation public and private and professional and managerial It addresses the salient factors which shape the direction and pace of change in the NHS As such the book provides a long term critical review of the NHS and key themes in health policy *The Globalization of Managerial Innovation in Health Care* John Kimberly, Gerard de Pouvourville, Thomas A. D'Aunno,2008-12-18 An examination of patient classification systems in fifteen different countries throughout the world Medical care for the armed forces Great Britain: Parliament: House of Commons: Defence Committee,2008-02-18 The Committee investigated the provision of healthcare for the armed forces and examined six key areas The first was the treatment of personnel seriously wounded on operations and the procedures for caring for them from the point of wounding to evacuation to and treatment in the United Kingdom The second area was the rehabilitation work for those with serious musculo skeletal or neurological injuries The third was the relationship between the Ministry of Defence and the National Health Service in terms of delivering healthcare The fourth area examined was the care for veterans and service families The fifth issue was mental healthcare both for service personnel and for veterans Finally the report examines the role of reserve personnel in the Defence Medical Services Clinical care provided by the Defence Medical Services DMS in conjunction with the NHS for personnel injured on operations is world class Rehabilitation work is also found to be exceptional Services to the armed forces are delivered by the DMS NHS charities and welfare organisations and this helps link the community with service personnel The Committee would like a wider debate on which services are most appropriately provided by each sector The Ministry of Defence s decision to base its secondary care around units embedded in NHS Trust is supported but there is scope for more sharing of best practice between the DMS and the NHS With veterans the Committee is not sure adequate procedures are in place to identify veterans and to ensure priority access to services Mental health is a vital responsibility for DMS but a robust tracking system for veterans is needed The reserve forces contribution to the delivery of military healthcare is praised but there is a danger of being overstretched

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