HEALTH INEQUALITIES

NHS Providers

Reducing health inequalities

EXPERIENCED BY CHILDREN AND YOUNG PEOPLE

OCTOBER 2023

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REDUCING HEALTH INEQUALITIES
experienced by children and young people

CONTENTS

KEY MESSAGES

- Childhood and adolescence are key life stages where people face inequalities in health outcomes (such as infant mortality rate and obesity rates) alongside inequalities in accessing services. Almost a third of children in the UK currently live in poverty and are at risk of experiencing poorer health outcomes.
- There are effective opportunities to intervene to support children and young people with long-term health conditions and to encourage positive habits relating to engagement with healthcare services and techniques for young people to self-manage their own health.
- Investment in a broad range of public services, from education to housing, is important in addressing inequalities. However, the inequalities experienced by children and young people are also exacerbated by the current operational pressures facing trusts, with waiting lists for children growing at faster rates in comparison to adults across many services in the acute, mental health and community sectors. See chapter Inequalities faced by children and young people.
- Trusts can play a key role in improving the health of children and young people and making progress to reduce inequalities. Working with system partners to target interventions earlier in life can prevent ill health in adulthood, creating healthier societies and reducing demand on health services in the long term. Trusts can also improve the accessibility of their services for children and young people, by considering zero to 25 year services and implementation of youth friendly healthcare standards. See chapter The role of trusts.
- Core20PLUS5 remains a key tool for trusts to implement to reduce health inequalities experienced by children and young people. It provides an approach for targeting interventions on key clinical areas: asthma, diabetes, epilepsy, oral health and mental health. See chapter The role of trusts.
- Trusts are already taking decisive action to reduce the health inequalities facing children and young people, including through social deprivation screening, social prescribing, improving access to services for the whole family, and Poverty Proofing© healthcare settings. To play their part effectively, trusts must understand the data available to them on children's health and engage with children and young people and their families. See chapters Case study: Barts Health NHS Trust and Case study: Gateshead Health NHS Foundation Trust.

INTRODUCTION

Health inequalities lead to differing health outcomes between certain groups and individuals, with some groups more likely than others to experience poorer health outcomes in comparison to others. Children and young people are one group where health disparities are clear and have grown in recent years. However, the focus on reducing health inequalities in the NHS (both via research and clinical delivery) has largely been targeted at older age groups.

The inequalities that develop in early years can become embedded across the life course, potentially storing up problems for individuals and for NHS services. Providing high quality services for children and young people can prevent ill health in later life, creating healthier societies and reducing demand for services. Research has shown that interventions to improve health outcomes for children are particularly effective (Academy of Medical Royal Colleges, 2023) in comparison to intervening at later age points, as they can influence health status across the life course.

Michael Marmot's review of health inequalities in England identifies "giving every child the best start in life" as a key policy objective (Marmot et al., 2020). There are two versions of NHS England's (NHSE) Core20PLUS5 framework for reducing health inequalities – one for adults (NHS England, 2021) and the other for children and young people (NHS England, 2022a). This approach further demonstrates the need to differentiate actions by age, to address different clinical needs at different stages of development as well as to take into account social, educational and communication skills as children and young people develop.

This report sets out the data and evidence of the health inequalities experienced by children and young people. It outlines the rationale for shifting attention towards this age group to prevent health inequalities later in life. It also considers the role that trusts can play in targeting interventions towards improving the health and wellbeing of children and young people who are more likely to experience inequalities. We have highlighted the existing work of trusts to reduce children and young people's health inequalities within case studies from Barts Health NHS Trust and Gateshead Health NHS Foundation Trust.

1 INEQUALITIES FACED BY CHILDREN AND YOUNG PEOPLE

Health and wellbeing of children and young people

Almost a third (29%) of the population of England and Wales are children and young people (ONS, 2023), defined as those under the age of 25. Childhood and adolescence are generally considered to be healthy stages of life in comparison to adult and elderly periods, which are more likely to be dominated by ill health. Census data from 2021 reveal that self-reported health declines with age (ONS, 2021) – those under the age of 25 report the highest levels of good health (while acknowledging that parent and carers report data on behalf of children). Reflecting this higher level of healthcare need in later life, healthcare expenditure is higher for older age groups (Belloni and Ferguson, 2019).

However, it is important to focus on child health to prevent ill health during adulthood. Most long-term conditions are developed in childhood. In comparison to similar countries, the UK has one of the highest rates of 16-24 year olds living with a long-term condition (Cheung, Hagell and Shah, 2019). Approximately a quarter (23%) of 11–15 year olds in England reported that they lived with a long-term illness, disability or medical condition in 2020 (The Association for Young People's Health, 2021). It has been estimated that 1.7 million children and young people have either asthma, diabetes or epilepsy (NICE, 2020). Alongside physical health, we know that mental health conditions also develop early on – with 75% of mental health problems becoming established before the age of 24 (Berglund et al., 2005).

Childhood and adolescence are periods of development and change. This is a period when children and young people learn and adopt behaviours that can either benefit or worsen their health outcomes – such as, sleep patterns, diet, self-care (including dental care for example), rates of physical activity and use of alcohol, drugs, or other substances. Intervening during this period can enable young people to foster positive habits and self-management techniques that can be carried through into adulthood. There are lifelong implications for promoting good health in childhood (Crandall et al., 2021).

Young people also find themselves transitioning into independence, from education to employment, and often experience changes in living circumstances. For young people with long-term conditions, self-management of their own health and wellbeing is vitally important, especially as their care needs are transferred from paediatric to adult settings.

Access to and experience of services will impact on how individuals re-engage with NHS services in the future. Yet, research has shown that a third of children struggle to understand information given to them from healthcare staff and over half of children do not feel like they are involved in decision-making around their health and care (NICE, 2021).

Health inequalities of children and young people

Health inequalities have their roots before birth, in socio-economic circumstances, sometimes passed between generations. For example, data show that women living in more deprived areas are more likely to smoke during their pregnancy (Royal College of Paediatrics and Child Health, 2020) and are less likely to breastfeed their babies (Royal College of Paediatrics and Child Health, 2020). Inequalities that are embedded in childhood can persist across the life course.

In 2021/22, there were 4.2 million children living in poverty in the UK (DWP, 2023) – representing 29% of children under the age of 18. Children in lone parent families, in larger families and from minority ethnic groups are more likely to live in poverty. Given the links between deprivation and the social determinants of health, we know that children and young people living in poverty are at greater risk of experiencing poorer health outcomes (Royal College of Paediatrics and Child Health, 2022). Children living in statutory care, ethnic minority young people, LGBTQ+ young people, disabled children and young people, people with mental health conditions, young carers and young people living in the criminal justice system are also more likely to experience health inequalities.

In England, the rate of infant mortality is 2.4 times higher in the most deprived areas compared to the least deprived areas (Office for Health Improvement and Disparities, 2023a). The social gradient in mortality rate extends into adolescence, contributing to variations in life expectancy by deprivation status (The Association for Young People's Health, 2022). Deaths during this age group are largely preventable, such as accidents and suicide. Another clear measure of the growing inequalities faced by children is obesity rates. Year 6 children living in the most deprived areas of England were twice as likely to be classified as obese in comparison to children in the least deprived areas (31.3% compared to 13.5%) in 2021/22 (NHS Digital, 2022). This is a particular area of concern as children with obesity may go on to develop a number of health conditions later in life, such as diabetes, heart disease, cancer and mental illness.

There are also inequalities in how children and young people access healthcare services. Research has found that children under the age of five from more deprived areas are more likely to attend A&E services, compared to older ages and those from the least deprived areas (Ashworth et al., 2015). Data analysis reveals that Did Not Attend (DNA) (or 'Was Not Brought') rates are higher for children in areas of higher deprivation (French et al., 2017). Young people aged 16-24 from more deprived areas are less likely to report positive experiences of healthcare settings (The Association for Young People's Health, 2022).

The Covid-19 pandemic disproportionately impacted the health and wellbeing of children and young people. There were particular concerns relating to school closures and limited socialising opportunities on the mental health of young people. There were also increased rates of poverty and safeguarding concerns for vulnerable children during the period.

The long-term impact of Covid-19 on children's health will not be known for a long period of time. In the immediate term, NHS waiting lists for children have grown at a much faster rate than they have for adults – 64% compared to 43% (Fisher, 2023). The Community Network – hosted by NHS Providers and NHS Confederation – recently surveyed community provider leaders and found that 72% of respondents were "extremely concerned" about the impact of long waits for children and young people's services on staff morale (NHS Providers, 2023a). Demand for children and young people's mental health services has also grown as a result of the pandemic, with an 81% increase in Child and Adolescent Mental Health Services (CAMHS) referrals between 2019 and 2021, compared to an 11% rise in referrals in adult mental health services (Nuffield Trust, 2022).

2 THE ROLE OF TRUSTS

Addressing health inequalities experienced by children and young people requires a holistic approach from a range of public services and government departments, including (but not limited to) education, housing, transport and the criminal justice system. However, trusts can, and do, play a pivotal role as anchor institutions (NHS Providers, 2023b) in their communities, by working in collaboration across their health and care systems to invest in more preventative initiatives, and in making every contact count with patients.

Overcoming the barriers

Trusts are facing an unprecedented level of demand on services in the face of backlog recovery from the Covid-19 pandemic. Waiting lists are continuing to rise and services continue to struggle with industrial action. These operational pressures can constrain the capacity for trusts to prioritise efforts to reduce health inequalities. Our United against health inequalities survey of 254 trust leaders in 2021 revealed a huge appetite from trust leaders for tackling health inequalities but identified wider pressures on the system as the main barrier to progress (NHS Providers, 2022a). A key aim of our Health Inequalities programme offer is therefore to work with trust leaders to embed health inequalities as part of core business, taking an equity lens to addressing operational issues where possible.

This report highlights the importance of trusts recognising the unique experiences of children and young people in their work to address health inequalities. Many health service initiatives are set up with the intention of applying to all ages or are targeted to older populations where acuity may be highest. Arguably, more attention and resource should be targeted at children and young people's services, which can prevent health inequalities from becoming embedded at an earlier stage.

Analysis of local data including local authority Joint Strategic Needs Assessments (JSNAs) (Department of Health and Social Care, 2011) and healthcare data from the trust and integrated care system (ICS), is a valuable means of assessing existing inequalities. The Office for Health Improvement and Disparities' child and maternal health data tool provides local authority data on key child health topics, available by deprivation and by regional and national comparisons (Office for Health Improvement & Disparities, 2018). Our briefing paper on effective data and insight discusses some of the current challenges around data collection and reporting, that can limit understanding around inequalities in healthcare access and outcomes (NHS Providers, 2022b). Gaps need to be addressed in the recording of deprivation, ethnicity and age. More work also needs to be done to improve data collection processes, to ensure the interoperability of data sharing and embed data reporting in board discussions.

Alongside data collection, trusts can engage with children and young people directly to hear their views and experiences on how their services could be improved. Often young people report negative experiences of healthcare settings, which can be daunting and intimidating. The Office for Health Improvement and Disparities have developed standards for establishing youth friendly healthcare services (Office for Health Improvement and Disparities, 2023b). In addition, the NHS Long Term Plan (NHS England, 2019) sets out

a move towards providing zero to 25 years services to improve continuity of care for young people and limit the negative experiences young people often face when they transition from paediatric to adult services at early ages. This reflects a broader shift within trusts to provide person-centred care that meets the individual's needs.

Implementing Core20PLUS5

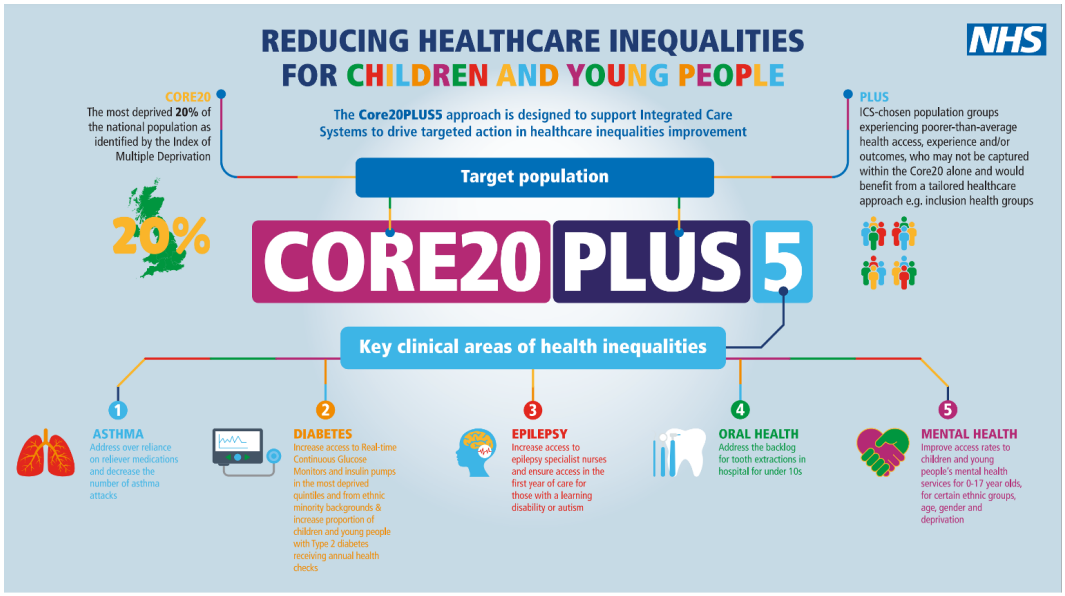
Core20PLUS5 is NHSE's framework for reducing health inequalities, intended to guide and inform the work of trusts and the wider healthcare system. The approach prioritises attention on five clinical areas where inequalities are particularly pronounced. It directs attention to focusing on the most deprived 20% of local populations alongside the needs of 'PLUS' population groups that require targeted support. The latter are defined locally based on need but could include ethnic minority communities, those with long-term health conditions, groups with protected characteristics or those experiencing social exclusion (also referred to as 'inclusion health' groups).

There are two separate versions of Core20PLUS5 – one for adults and the other for children and young people, developed in collaboration with young people on the NHS Youth Forum. For children and young people, the five clinical areas identified are:

- asthma
- diabetes
- epilepsy
- oral health
- mental health

There is clear evidence for targeting interventions around these clinical areas, where inequalities are particularly stark. For example, children and young people from ethnic minorities are more likely to be hospitalised with their asthma (Mayor of London's Office, 2022) and those with type 1 diabetes are more likely to have higher haemoglobin subunit alpha 1 (HbA1) rates and are less likely to use diabetes technologies (Evans and May Ng, 2021) to monitor their conditions, in comparison to white children. Tooth decay is the number one reason children are admitted to hospital in the UK (Royal College of Surgeons England, 2019), with concerns that children aged five living in the most deprived areas are three times more likely to experience dental caries (Public Health England, 2021), in comparison to those in the least deprived areas. Data also indicate that emergency admissions for epilepsy are higher (Royal College of Paediatrics and Child Health, 2020) for children living in the most deprived areas. The mental health and wellbeing of children and young people is a huge public health concern, which has been heightened in light of the Covid-19 pandemic. Adverse childhood experiences contribute to poorer mental health outcomes later in life – with children from the poorest 20% of households in the UK being four times more likely to develop a mental health condition (Centre for Mental Health, 2020) compared to the wealthiest households.

NHSE has set out specific aims for each of these clinical areas. These actions build upon earlier commitments within the NHS Long Term Plan around improving health outcomes for children and young people.



Core20PLUS5 infographic – children and young people (NHS England, 2022b)

3 ACTIONS TRUSTS COULD TAKE

We have collated a set of potential actions for trusts to take to tackle health inequalities experienced by children and young people. These are built on findings from available research and evidence, insights from trusts and learnings from a recent webinar we held on Core20PLUS5 for children and young people.

- Work with partners at place and within the ICS to increase understanding of children and young people's health needs in their local area through joint analysis of JSNA information and health service data. This could lead to the identification of specific groups of children and young people that require targeted support and interventions, which may vary in each locality (the 'PLUS' groups).
- Embed the Core20PLUS5 framework for children and young people within practice in the trust, including raising awareness of the model among staff and ensuring accountability for delivering on the actions at board level.
- Review existing trust initiatives to reduce health inequalities and consider whether they address inequalities in access and outcomes experienced by children and young people.
- Consider whether staff are sufficiently aware of some of the dimensions of supporting children and young people (including those working outside of dedicated services for their age groups).
- Consider the specific experiences of children and young people from more deprived backgrounds and the barriers they may face in accessing services. Poverty Proofing© research provides a range of insights for trusts on how to ensure services are accessible. This could include providing free food for children, young people and their families during their stays in hospital settings.
- Implement prevention initiatives, or outreach initiatives, specifically aimed at improving support, information and communication with groups of children and young people, and their families – such as social prescribing.
- Where possible, consider delivering zero to 25 healthcare services for children and young people, which provide developmentally appropriate care and ensure a smooth transition between paediatric and adult services for young people with long-term healthconditions.
- Seek to meaningfully involve and include children and young people in the design and delivery of services, such as through youth forums.

CASE STUDY

BARTS HEALTH NHS TRUST

4

A strategic approach to reducing inequalities experienced by babies, children and young people

Barts Health NHS Trust (Barts Health) is a combined acute and community trust, serving a diverse community in North East London and a population of 500,000 babies children, and young people (BCYP). The trust has developed an organisational approach to equity, with specific interventions targeted at reducing health inequalities experienced by BCYP.

In London, almost a third of children aged five to nine live in households experiencing poverty (Trust for London, 2023) – representing a higher rate of child poverty in comparison to other areas in England. In North East London, five out of the eight boroughs fall under the 20 most deprived boroughs in England, with four out of eight categorised within the top 10 most diverse. Children growing up in East London are more likely to experience worse health and wellbeing outcomes (Office for Health Improvement and Disparities, 2023c), such as higher rates of obesity and dental decay, alongside lower rates of vaccination uptake.

Barts Health has taken a broad view to improving services for BCYP and reducing inequity of care, which are applicable across a range of health conditions and focus. There is a focus on preventing ill health by providing wraparound care and support to BCYP and families.

- **Social deprivation screening tool for families.** In the neonatal unit and children's ward at Whipps Cross Hospital, parents and carers are screened using a 'times are hard' questionnaire. Those scoring highly are signposted to local resources, early help and social services. The resource is currently still in pilot phase, but the long-term aim is to reduce delayed discharges for children by flagging any potential concerns, such as unsuitable housing and ensuring families are accessing support available in the community.
- **Social prescribing for young people.** At the Royal London Hospital, Barts Charity have funded a youth social prescriber within the secondary care service, to provide personalised care and wellbeing plans for young people with sickle cell and medically unexplained symptoms. This intensive support to young people is already demonstrating improved life outcomes including greater independence and community engagement, reducing loneliness and isolation.
- **Access to food for families in hospital.** The trust has an ongoing commitment to feed parents, carers and families during their stay within hospitals – an initiative championed by Sophie's Legacy.

Alongside these generic approaches, Barts Health have developed specific work programmes around asthma, diabetes and epilepsy – conditions highlighted in the Core20PLUS5 framework. This has included an expansion of hospital at home/virtual wards for children with long-term conditions, prioritising the reduction of Was Not Brought rates, and development of a specific Making Every Contact Count approach for children and young people.

Locally, care experienced young people have been identified as having poorer health and social outcomes in comparison to young people not in statutory care. Barts Health have prioritised efforts to improve the health and wellbeing of care experienced young people as a 'PLUS' group within the Core20PLUS5 model. Staff have worked in collaboration with directors of children's services across London to develop the Care Leavers Compact. The dedicated health offer includes provision of free prescriptions for all care leavers and improving mental health support via children's nurse specialists, employed by their partner, East London Foundation Trust. Barts Health are currently exploring how to support care experienced young people into employment opportunities within the trust.

The trust actively promotes the importance of involving communities and patients with lived experience in decision-making. The Barts Health youth forum – the Youth Empowerment Squad – meets monthly to discuss issues that are important to children and young people. The group has existed since 2015 and has helped to shape the design of local services to enable them to become more accessible and youth friendly, alongside being involved in internal interview panels and developing website content.

These efforts are underpinned by Barts Health's organisational commitment to improve equity of services. Their WeBelong strategy outlines the trust's aims to provide inclusive leadership, to promote a positive culture, and to reduce health inequalities through equitable restoration of services and by acting as an anchor institution. Promoting equity at the strategic level has led to the establishment of Barts' Addressing Inequalities in Care programme which has brought improvements in a range of areas, including recording of ethnicity data, regularly reviewing and publishing information on equity within waiting lists, and developing a tool that services can use to monitor the equity of their outpatient appointments. The work is overseen by the trusts' equity and inclusion board.

For more information on Barts Health's equity work, please contact their Addressing Inequalities in Care team: bartshealth.addressing-inequalities-in-care@nhs.net

CASE STUDY

GATESHEAD HEALTH NHS FOUNDATION TRUST

5

Poverty Proofing© a children's diabetes service

Gateshead Health NHS Foundation Trust (Gateshead Health) is a combined acute and community trust located in the North East of England. The trust has applied a novel intervention to improve the accessibility of their children and young people's diabetes service and to improve health outcomes for children living in poverty, working in collaboration with the Child Health and Wellbeing Network and the North East and North Cumbria (NENC) Children and Young Persons (CYP) Diabetes Network.

One third (33.4%) of children and young people in Gateshead live in poverty (End Child Poverty Coalition, 2023), compared to 29% of children nationally. 42% of children and young people living with diabetes in Gateshead live in the most deprived quintile, based on analysis of their postcodes. In 2022/23, Gateshead Health Children and Young Persons (CYP) diabetes team worked with Children North East to poverty proof their paediatric diabetes service – representing the first healthcare service to adopt this approach. Poverty Proofing© in this context was defined as: "*No activity or planned activity within a paediatric diabetes team should identify, exclude, treat differently or make assumptions about those babies, children, young people and families whose income is lower than others.*"

This involved in-depth consultation with staff, children and families, via surveys and interviews, to understand patient experiences and the barriers faced by those experiencing poverty. Training was provided to all staff in the CYP diabetes team on the impact of poverty on health, accessibility of health services and empathy for families. The research culminated in a report and list of recommendations for Gateshead Health on how to improve their diabetes service for children and families experiencing poverty. Positive feedback from patients revealed outstanding quality of care and promotion of healthy behaviours to support diabetes management (Children North East, 2023).

Findings from the research revealed areas for improvement, which are relevant across all NHS trusts and services:

- Direct costs of transport to get to clinical appointments and indirect costs (lost earnings, childcare for siblings).
- Problematic timing of clinic appointments.
- Access to technology or other equipment to support self-management of health conditions.
- Consideration of special dietary requirements within health settings.
- Specific difficulties in applying for disability and carers' welfare benefits.

Gateshead Health have implemented a range of measures in their paediatric diabetes service to mitigate against these barriers. A QR code directory of national and local services has been developed to support social prescribing for children and young people's health across paediatric services. This is provided alongside guidance for families on how to access financial support and welfare benefits. Free fruit and sugar free juice are available in the clinic waiting room for all patients. Following the training, staff now feel more confident to discuss these broader issues with families.

Diabetes is one of the five clinical priorities identified in NHSE's Core20PLUS5 framework for children and young people. NHSE provided funding and metrics for demonstrating improvement in reducing inequalities in diabetes care for children and young people – "increase access to real-time continuous glucose monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds".

Difficulties accessing diabetes technology were raised in the Poverty Proofing© research and the NENC CYP Diabetes network estimated that 400 local families could benefit from access to a mobile phone to use technologies to improve their diabetes care. In response, Gateshead Health worked with their head of digital solutions and technical services, the NENC CYP Diabetes network manager and local voluntary and community sector (VCSE) partners (Town and Community and Investing in Children Type 1Kidz) to provide devices to families region wide.

Gateshead Health donated trust mobile phones and laptops, that had come to the end of their life within the NHS, to be repurposed for use by children and young people living with Type 1 Diabetes in the NENC region. In total, 400 phones and 25 laptops were repurposed for use and SIM cards were donated by Vodafone. Process pathways that meet NHS safety and data security requirements were developed to support the roll out of technologies. Type 1 Kidz were responsible for project delivery to patients and families and for management of data collection.

As of August 2023, six months into the project, 160 families had been provided with a suitable device, with 70% of these families living in areas that are ranked as being in the top 30% of the most deprived areas in the country. Feedback on the scheme has been overwhelmingly positive. Increased use of continuous glucose monitoring, connection with automated insulin delivery pumps and downloading real-time data has enabled patients and families to self-manage, improve their health outcomes and quality of life. Use of technologies has also supported clinical staff to provide better support for children, young people and families, through providing remote advice and increasing efficiency in clinics.

> ***"This allows staff at the respite home to leave the phone outside his room to check his levels so as not disturbing him. The staff at school can now look at the phone on the teacher's desk rather than approaching him. Parents have the follow up app and can monitor his levels from home. This phone has benefited my patient and his carers in so many ways."***
>
> Paediatric diabetes specialist nurse
> North Tees and Hartlepool NHS Foundation Trust

The approach to poverty proof healthcare services is now being applied in other health services, such as NHS trusts in Hull and Grimsby, and the Poverty Proofing© paediatric diabetes training has been expanded and delivered to 210 children and young people diabetes healthcare professionals across the North East and Yorkshire region.

For more information on Gateshead Health's children and young people's diabetes service, please contact Dr Judith Reid (children and young people's diabetes service lead): judith.reid4@nhs.net

ABOUT OUR HEALTH INEQUALITIES PROGRAMME

Health inequalities have worsened over the past 10 years and we have seen evidence of inequalities in how people access healthcare and the outcomes they experience as a result.

Trusts have a vital role to play in addressing the systemic challenge of health inequalities, embedding a focus on equitable access to and outcomes from care, alongside work to reduce waiting lists and transform services.

Our programme for trust boards aims to help trust leaders make sense of health inequalities and embed it as part of 'core business', with resources informed by our research and engagement with trust leaders, through webinars, briefings and peer learning events.

FURTHER READING AND RESOURCES

Securing our healthy future, prevention is better than cure
Academy of Medical Royal Colleges
https://www.aomrc.org.uk/wp-content/uploads/2023/09/Securing_our_healthy_future_0923.pdf

Young people's health inequalities position statement
Association for Young People's Health
https://ayph.org.uk/wp-content/uploads/2022/04/YPHP-position-statement-on-young-peoples-health-inequalities.pdf

Youth health data hub – data on health inequalities
Association for Young People's Health
https://ayph-youthhealthdata.org.uk/health-inequalities/

The social determinants of young people's health
The Health Foundation
https://www.health.org.uk/sites/default/files/The-social-determinants-of%20-young-peoples-health_0.pdf

The Marmot Review, 10 years on
Institute for Health Equity
https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on

Case studies looking at councils addressing child health inequalities
Local Government Association
https://www.local.gov.uk/our-support/safer-and-more-sustainable-communities/health-inequalities-hub/health-inequalities-13

Core20PLUS5 approach for children and young people
NHS England
https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus5-cyp/

State of Child Health (2020)
Royal College of Paediatrics and Child Health
https://stateofchildhealth.rcpch.ac.uk/

Child health inequalities position statement
Royal College of Paediatrics and Child Health
https://www.rcpch.ac.uk/resources/child-health-inequalities-position-statement

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For more information

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NHS Providers has all trusts in England in voluntary membership, collectively accounting for £115bn of annual expenditure and employing 1.4 million people.

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