

Health and Wellbeing Board 25th June 2014

Title of paper:	Avoidable Injuries in Children & Young People (0-17yrs)	
Director(s)/ Corporate Director(s):	Dr Chris Kenny – Director of Public Health	Wards affected: All
Report author(s) and contact details:	Sarah Quilty Sarah.quilty@nottinghamcity.gov.uk Sonya Clark Sonya.Clark@nottscc.gov.uk	
Other colleagues who have provided input:	Lynne McNiven lynne.mcniven@nottinghamcity.gov.uk Penny Spring penny.spring@nottscc.gov.uk	
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		x
Deliver effective, value for money services to our citizens		x
Summary of issues (including benefits to citizens/service users):		
<ul style="list-style-type: none"> • A renewed focus on avoidable injury prevention within Nottingham City with the collaborative development of the Avoidable Injuries Strategy. • NHS Nottingham City CCG has committed £460k to the development of a home safety equipment and education scheme initially focusing in the wards with the highest A&E admissions. • A&E attendances for 0-4's in the City are significantly worse than the England average at a rate of 588.2 per 100,000 compared with 483.9 		
Recommendation(s):		
1	That the Board notes the report.	
2	That the Board endorses the Avoidable Injuries Strategy for Nottingham City.	
3	That the Commissioning Executive Group will monitor delivery of the document on behalf of the Nottingham City Health and Wellbeing Board.	

1. REASONS FOR RECOMMENDATIONS

- 1.1. In Nottingham City there were a total of 27,117 Accident and Emergency (A&E) attendances for injury of which 5.1% (1,384) became inpatients during 2010 - 2013, there are further details in Table 4.
- 1.2. The overall rate of A&E attendances in the City is not significantly different from the national average. However, A&E attendances for 0-4's in Nottingham City are **significantly worse than the England average at a rate of 588.2 per 100,000 compared with 483.9**
- 1.3. **How many injuries could be prevented?** If all the wards in Nottingham City reduced the rate of accidents to that of the best performing ward, we could expect 8,303 fewer A&E attendances and 709 fewer inpatient admissions over a four year period.
- 1.4. There is a strong social gradient present when examining avoidable injuries in children and young people's data, with those living in more deprived wards having more avoidable injuries and presenting to A&E more than those in less deprived wards
- 1.5. There is a long term economic impact on families where children have experienced a burn or traumatic injury; with parents and carers having taken time off work for hospital appointments, operations, etc. and children being unable to attend school or nursery.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1. The purpose of this report is to highlight the impact of avoidable childhood injuries, to update on the progress being made by the Avoidable Injuries Strategic Partnership for Children & Young People (Nottingham and Nottinghamshire) and to ask the Health and Wellbeing Board to endorse the recommendations.
- 2.2. A draft strategy has been developed to cover both Nottingham City and Nottinghamshire County. This paper focuses predominantly on the issues affecting Nottingham City.
- 2.3. Full public consultation has been undertaken on the strategy and feedback incorporated.
There were 283 individual responses in addition to feedback from various groups. A full report on the consultation and the response to it is available on request.
- 2.4. Outcomes will be delivered in the areas of home safety, road safety and leisure time safety.
All interventions developed and implemented to achieve the stated outcomes will be based on best practice, evidence and building on the good work already being achieved. The added value will be through the coordination of existing services identifying gaps and addressing these where possible
- 2.5. The Public Health Department already commission DREEAM (Department of Research and Education in Emergency Medicine, Acute Medicine and Major Trauma) to deliver the Injury Minimisation Programme for Schools (IMPS).

I.M.P.S is divided into 3 elements:

1. In school learning
2. Hospital visits
3. I.M.P.S. follow-up lessons

Action to date

- On the 13th July 2013 Nottingham City and Nottinghamshire County hosted a stakeholder event to galvanize interest in preventing avoidable injuries in children and young people and to stimulate the development of a strategy.
- **NHS Nottingham City CCG has committed £460k over 2 years for the delivery of a home safety equipment and education scheme.** The objective of the scheme is to cover at least 60% of homes within the five highest wards of A&E attendances initially (Aspley, Bestwood, Bulwell, Clifton North and South) then move outwards to cover the whole of the city with home safety equipment in order to prevent avoidable injuries within the home. In addition there is an extensive education programme provided by the Injury Minimisation Programme (IMPS) focusing on children centres and pre-school aged children and their parents. The contract for the tender will be awarded on the 12th June and the successful organisation will be announced on the 23rd June with the launch of the strategy.
- A Strategic Group for Nottingham and Nottinghamshire has been established to work collaboratively across agencies, districts, boroughs and wards to ensure a coordinated approach to avoidable injuries in CYP.
- Following the stakeholder event a review was undertaken which highlighted the following:
 - I. There are a range of local interventions delivered by agencies that aim to reduce avoidable injuries in children and young people. Some of these interventions (particularly home equipment schemes) are patchy dependent upon location and are usually dependent upon volunteers and charitable donations/funding bids.
 - II. There is a requirement to improve coordination and communication between agencies. The agencies who have made pledges are all participating in delivery against the strategy and action plan in a coordinated way.
 - III. Resources: There is a commitment to reducing avoidable injuries in many agencies across Nottingham and Nottinghamshire. All of these have some resource, mostly staff time. It is recognised that in order to have a substantial impact upon this most important of issues, further financial resources will be required and explored.
 - IV. There are many avoidable injuries interventions focusing on the under 5's, but many of the agencies who are delivering them are not working collaboratively.
 - V. There is potential to utilise the statutory agencies more, for example Nottinghamshire Fire and Rescue in the delivery of avoidable injuries interventions.
 - VI. Nottingham City Council and Nottinghamshire County Council have excellent road safety partnerships
 - VII. The voluntary sector is an important contributor to tackling avoidable injuries within Nottinghamshire County.

- A draft strategy has been developed with partners and a full public consultation process undertaken from week commencing 10th February 2014 – 18th April 2014; the strategy has been revised in line with feedback from the public and stakeholders.

Priorities for 2014 - 2020

- Launch the Avoidable Injuries Strategy in June 2014 to coincide with activity planned for national Childhood Injury Prevention Week 2014.
- Develop working groups to take forward actions in the following areas;
 - I.Home: Establish a group to focus on interventions to improve home safety and reduce risks in the home setting.
 - II.Road: Link in with the existing road safety partnership group.
 - III.Leisure: A longer term aim is to establish a group to focus on risk reduction in the leisure setting.
- To determine additional resources and requirements to enable the implementation of interventions within the strategy and action plan.
- **Actions for 0-17 years age groups:** Ensure education, enforcement and promotion of appropriate fit and use of car seats, booster seats and seat belts.
- **Actions for 0-5 years age groups:** Establish consistent, equitable and sustainable home safety education and equipment schemes prioritising areas of greatest need. This will require partnership working and identification of funding.
- Ensure a consistent multiagency approach to risk assessment in the home, with development of improved referral pathways and communication channels.
- **Actions for 6-17 years age groups:** Introduce speed reduction schemes of maximum 20mph in urban areas and locations within proximity to schools.
- Expand and standardise road safety education for school aged children delivered in a multi-agency strategic approach.
- Increase coverage of cycle training and education including helmet safety.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

N/A

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

There are no financial implications for this Council linked to this strategy currently, we are not requesting funding at this time but will attempt to source funds from other sources.

City CCG have pledged £460k over 2 years for a home safety equipment scheme.

5. **RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)**

N/A

6. **EQUALITY IMPACT ASSESSMENT**

Any interventions, projects or programmes resulting from this strategy will adopt a proportionate universalist approach, to ensure that areas of greatest need are met and to support the reduction in health inequalities.

Any interventions, projects or programs will ensure that they have an equality impact assessment completed and that individuals that fall into one or more of the project characteristics are not prejudiced in anyway directly or indirectly.

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

No

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

7. **LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

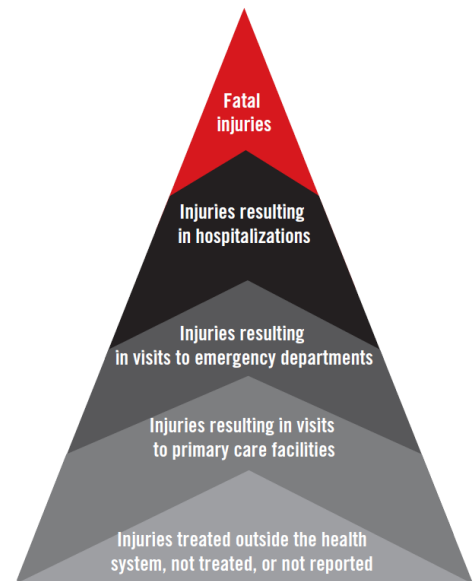
1. Draft Strategy for Avoidable Injuries in Children and Young People (0-17yrs) for Nottingham City and Nottinghamshire County (for consultation purposes)
2. Consultation Feedback report
3. Final Draft strategy for Avoidable Injuries in Children and Young People (0-17yrs) for Nottingham City and Nottinghamshire County (post consultation)

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

9. APPENDIX

Definition

- The term 'injury' is now used in place of 'accident' as 'most injuries and their preceding events are predictable and preventable.' The term 'accident' implies an unpredictable and therefore unavoidable eventⁱ.
- The scope of the strategy is unintentional avoidable injuries and does not report or aim to reduce intentional injuries i.e. it does not cover data on self-harm, injury from abuse or assault etc.
- Avoidable injuries can be categorised according to their severity, treatment type and reporting. The World Health Organisationⁱⁱ likened avoidable injuries to a pyramid, with fatalities from avoidable injuries being only a small fraction of the total numbers injured. The pyramid highlights the burden of ill health and utilisation of NHS and non-NHS resources as well as giving an indication of the number of injuries not reported.
- We all have a responsibility to ensure that children are able to grow up in an environment that does not expose them to unreasonable hazards, without impinging excessively on their play and learning freedoms.



Background and Context - Nationally

- Avoidable Injuries are a leading cause of death and hospital admission for children and young people (CYP) in the United Kingdom aged between 1 and 14 yearsⁱⁱⁱ and, therefore, a serious public health issue. Most of these injuries happen in the home, outdoors or on the roads.
- In England there are more childhood deaths from avoidable injury than from leukemia or meningitis.
- The social class gradient in child injury is steeper than for any other cause of childhood death or long-term disability^{iv}.
- Overall rates of death from injury in children have fallen in England and Wales over the past 20 years. However, rates for children living in disadvantaged social and economic circumstances have not seen the same improvement^v.

Who is most at risk

- NICE (2010) highlights that under 5's are at greatest risk of injuries in the home and over 11's are more vulnerable to road injuries.
- Children from the most disadvantaged backgrounds are at significantly increased risk of injury. Compared to their peers, children from the poorest homes are (CAPT):
 - 13 times more likely to die in an accident
 - 21 times more likely to die as a pedestrian on the roads
 - 38 times more likely to die in a house fire

- Other factors include disability or impairment (physical or learning), some minority ethnic groups, low income families, Children who live in accommodation which potentially puts them more at increased risk.

Local Data - A Picture of Nottingham and Nottinghamshire

- There were a total of 5,700 hospital admissions to hospital as a result of avoidable injuries between April 2010 - March 2013.
- There were 44 hospital admissions for burns and scalds, 88.5% of which were in the 0-5yr age group but mostly 1-2 yrs.
- The rate of childhood injuries in Nottingham City overall is comparable with the England average.
- The most common cause of injuries in 0-17yr age groups is falls and the second most common cause is contact with non-living objects officially termed 'exposure to inanimate mechanical forces' this includes contact with for example furniture, sports equipment, sharp glass, pins, nails etc. The causes then tend to split by age group after this with poisonings, burns and scalds being more predominant in the 0-5 and transport accidents in the 6-17 age groups (See Table 3).

Table 3: Causes of Injuries by Age 2012/13.

	Nottingham City	
	0-5 yrs	6-17yrs
Falls	34%	38%
Exposure to inanimate mechanical forces - contact with non-living objects - such as furniture, sports equipment, sharp glass, pins, nails etc.	29%	24%
Poisoning.	13%	6%
Burns.	6%	
Transport.	4%	18%
Contact with a living object (official title 'exposure to animate mechanical forces') includes being accidentally hit or struck by a living object such as a person, animal etc.	3%	6%

- In Nottingham City there were a total of **27,117** Accident and Emergency (A&E) attendances for injury of which 5.1% (1,384) became inpatients during 2010 - 2013, there are further details on this in Table 4.
- The overall rate of A&E attendances in City is not significantly different from the national average. However, **A&E attendances for 0-4's in the City are significantly worse than the England average at a rate of 588.2 per 100,000 compared with 483.9.**
- During 2012/13; there were **3,322** A&E attendances due to burns and scalds in Nottingham City and Nottinghamshire County which is an average of 9.1 per day or 63.8 per week.

Table 4: The number of A&E Attendances that became Inpatient Admissions for Avoidable Injuries 0-17years as whole numbers and as a percentage across the whole of Nottingham City.

A&E Attendances	27,117
A&E Inpatient Admissions	1,384
Other sources of inpatient admission	305
Percentage of A&E attendances that became admissions	5.10%
Total number of admissions	1,689
Percentage of admissions via A&E	81.94%

- Locally the four main reasons for attendances to A&E are bruising/abrasions, fractures, ligament sprain and cuts.
- **Road Traffic Accidents:** Local Hospital data (2010-2013) for road traffic injuries in the 0-17 year olds; shows that injuries on Pedal cycles 86, Pedestrians 53, Car occupants 10 Motorcycles 8.

Priority Areas: Disadvantage & Geography

- In Nottingham City children in the most deprived quintile are 1.23 times more likely to be an inpatient and 1.11 times more likely to attend ED than in those in the least deprived quintile (Indices of Multiple Deprivation Quintiles).
- The wards with the highest rates of A&E attendance in Nottingham City are Aspley, Bilborough, Clifton North and Clifton South.

What works? Evidence Base

- The Centre for Disease Control [14] details 5 areas that need to be addressed to have the greatest impact to reduce and prevent serious avoidable injuries: Environment, Education, Empowerment, Enforcement and Engineering. Successful strategies will consider all 5 areas in the planning and development stages, a combination of approaches may be needed.
- **In the Home Setting:** Evidence from the National Institute of Clinical and Healthcare Excellence (NICE) shows that the following actions will reduce avoidable injuries:
 - Ensure that there is a co-ordinated approach to Avoidable injuries for C&YP and a CYP injury prevention coordinator
 - Installation and maintenance of permanent safety equipment in social and rented dwellings
 - Incorporating home safety assessments and equipment provision within local plans and strategies for CYP health and wellbeing
- **On the roads:** There is strong evidence to suggest that reducing speed limits to 20mph in built up urban areas will have a significant impact on reducing injuries on the roads and outdoors for anyone under the age of 25 [11, 12, 13, 15]. It is noted that the City already implemented the 20pmh speed limit in some wards with an intention to roll out City wide.

ⁱ Davis R, P. B. (2001). BMJ bans accident. *BMJ*, 322: 132

ⁱⁱ WHO. Injury Pyramid. http://www.who.int/violence_injury_prevention/key_facts/en/
(Accessed 06-01-2014)

ⁱⁱⁱ The Audit Commission. Better safe than sorry, Preventing unintentional injury to Children. London : s.n., 2007

^{iv} The Marmot Review. Fair Society. Healthy Lives: Strategic Review of Health Inequalities in England post-2010. London : s.n., 2010.

^v Elizabeth Towner, Therese Dowswell, Gail Errington, Matthew Burkes, John Towner. Injuries in children aged 0–14 years and inequalities. s.l. : Health development Agency, 2005

Avoidable Injuries Strategy in Children and Young People (0- 17 years)

Lynne McNiven- Consultant in Public Health

Scale of the Issue in Nottingham City

- Avoidable Injuries are a **leading cause of death and hospital admissions for children and young people** in the UK aged between 1 and 14 years.
- Most injuries take place in the home (0-4 years). Outdoors and on the Roads (4-17 years).
- The social class gradient in child injury is steeper than other causes of childhood death or long term disability.
- Emergency Department (ED) for the 0-4 years are significantly worse than the England average at a rate of **588.2 per 1000,000** compared to 483.9 per 1000,000
- There were **5,700** hospital admissions as a result of avoidable admissions between April 2010- March 2013

Action to Date

- Strategy development in partnership with key agencies
- Full public consultation has taken place and strategy ratified in light of the consultation.
- NHS Nottingham City CCG has committed **£460k over 2 years** to the development of a Home Safety and Education Initiative
 - Aim to cover 60% of all homes **in Aspley, Bestwood, Bilborough and Clifton North and South** with home safety equipment.
 - Provide education classes within Children's Centres using the Early Learning For Safety programme (ELFS)
- Public Health commission the Injury Minimisation Programme (IMPs) to provide injury education into all primary schools in Nottingham City
- A number of other initiatives are planned to reduce ED attendances in the under 5's alongside this including implementation of the urgent care pathways, modelling of community services provision that will act as ED alternatives, Health Visitor minor ailments clinic pilot and an asthma event on the 19th June.



ELFS and IMPS in Nottingham City



"I really like the fact that IMPS are teaching schools what to do in case of an emergency. It is really inspiring."

"I really liked the staff because they were really helpful and kind."

Walter Halls School



Nottingham
City Council